



## PRODUCT DONATIONS

This form should be filled out completely and returned by **April 25, 2008**

Return to:  
**“Man 2 Man”**  
c/o ERCPCP  
Attn: D’Sheka Perkins  
4105 First Street, SE  
Washington, DC 20032  
Phone: (202) 373-5767 / Fax: (202) 373-5769

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please accept my donation of

Type of Product - \_\_\_\_\_

Amount provided - \_\_\_\_\_

Type of Product - \_\_\_\_\_

Amount provided - \_\_\_\_\_

Type of Product - \_\_\_\_\_

Amount provided - \_\_\_\_\_

Type of Product - \_\_\_\_\_

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