

COVID-19 Donation Form

Donor(s) Name: _____

Address: _____

Phone: _____

Email: _____

Please indicate the number of items you are donating:

Fabric Handmade Masks: _____

Surgical Masks: _____

N95 Masks: _____

Other: _____

Fabric masks should be placed in a sealed plastic bag(s) in quantities of 15-20 per bag.

Please contact Traci Moore at 802.747.3634 or tmmoore@rrmc.org to coordinate the drop off of all donations.

We truly appreciate your thoughtful donation.

Thank you for your generous support of Rutland Regional Medical Center.



Rutland Regional Medical Center

www.RRMC.org | 160 Allen Street, Rutland, VT | 802.775.7111

Healthy You. Healthy Together.