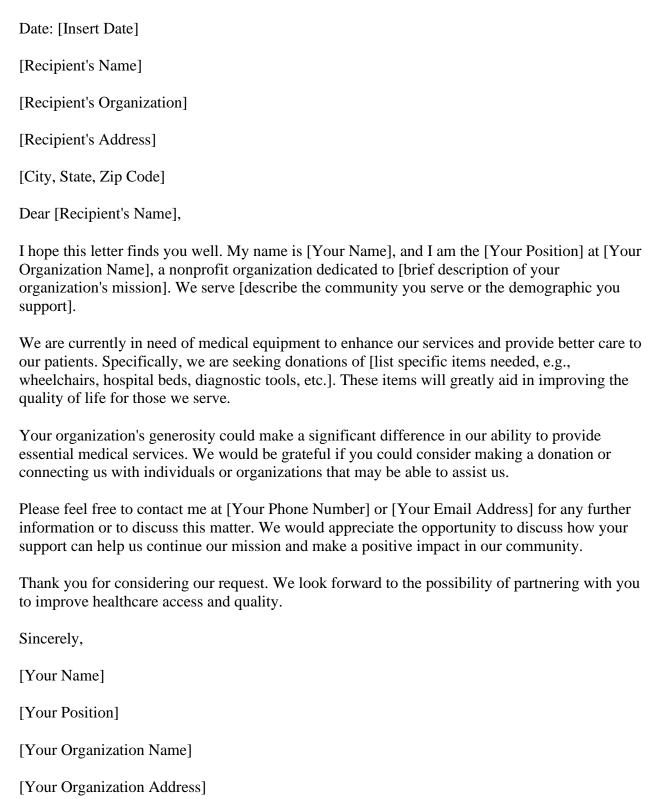
Request for Donation of Medical Equipment



[City, State, Zip Code]