

MCHS ELECTRONIC DEVICE DONATION FORM

Marshfield Clinic Health System, Inc. ("MCHS") is seeking donations of working iPhone and iPad devices and compatible charging devices to support an MCHS community outreach program in which devices will be provided at no cost to individuals in the community that may not otherwise have a way to keep in touch electronically with others during the COVID-19 crisis, a time when social distancing and/or safer at home requirements can lead to feelings of isolation and depression.

Please complete this form and submit it with your donated iPad/iPhone/charger or fill it out and email to communityhealth@marshfieldclinic.org. Note the number of each item type donated below (e.g. 1, 2). If not donating that item type please leave that line blank.

_____ iPhone
Note model(s) of iPhone (e.g. iPhone 7) if known: _____

_____ iPad
Note model(s) of iPad (e.g., iPad Air2) if known: _____

_____ Charger(s) for iPhone/iPad

Thank you for your donation of the above referenced items (collectively hereafter referred to as the "Device"). By donating the Device to MCHS, you (the "Donor"), understand and agree:

- The Donor is responsible for clearing the Device of all personal and confidential information.
 - MCHS, or a third-party acting on MCHS' behalf, will perform an additional "wipe" of any data remaining on the Device, but it cannot warrant or guarantee that any confidential information not deleted by the Donor will be erased, and cannot accept, and hereby disclaims, any and all liability for any information remaining on the Device.
- The Device, to the best of the Donor's knowledge, is in good working order.
- Upon donation of the Device, the Donor transfers any and all rights to the Device to MCHS.
- The Donor will not receive, nor should the Donor expect to receive, any goods, services, or money in return for the donation of the Device.
- MCHS, at its sole discretion, will determine the fitness of the Device for use as described above and may utilize, or not utilize, the Device as it deems fit. MCHS has no obligation to return the Device to the Donor.

Donor's Printed Name

Donor's Signature

Date of Signature

Donor's contact information (e.g., email/cell)