



**Town of Kennebunk
Durable Medical Equipment Loan Program
Statement of Donation**

Owner's Name: _____

Address: _____

Phone Number: _____ Email: _____

Description of equipment donating: _____

I hereby certify that I am the owner (or authorized agent for the owner) of the equipment described above (free and clear of any liens or third party financing liens) and that I hereby donate the same to the Town of Kennebunk for the use in the Town of Kennebunk Medical Equipment Loan Closet program to be used in whatever manner the Town shall deem fit in that regard. I acknowledge the above referenced equipment will become the property of the Town of Kennebunk. I make no representations that it is fit for any particular use. I understand that the value of the same may be deductible on my federal or state income tax forms, but understand that the Town makes no representations in that regard and that if I want to take a deduction for this gift, I must consult with my own income tax advisor on the same.

Signature of Owner/Authorized Agent of Equipment

Date

Signature of Town of Kennebunk Representative

Date