



Mercy Wings Network
WHERE COMPASSION TAKES FLIGHT

AID ORGANIZATION INFORMATION FORM

Last Name:	_____	Phone:	_____
First name:	_____	Cell Phone:	_____
Title:	_____	Fax:	_____
Company:	_____	Email:	_____
Address:	_____	Website:	_____
	_____	Alt. Contact:	_____
City/State/ZIP:	_____	Alt. Phone:	_____

Supply Description

Location:	_____	Dimensions:	_____
Description:	_____	Weight:	_____
	_____	Destination:	_____
	_____	Dest. Contact:	_____
# Personnel:	_____	Phone:	_____

Comments:

The submitter warrants that he or she has the authority to enter into this agreement on behalf of the person, corporation, or entity listed above.