

DONATION & OUTREACH CENTER SHIPPING RECORD

Date: _____

From: _____

To: Mothers' Milk Bank
5394 Marshall Street, Suite 400
Arvada, CO 80002

Milk in this box has been donated by (please fill in as much information as possible)

| donor name | donor number | blood in this shipment? |
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Name of the person who prepared this shipment

Signature