



Donor Form

Wyoming Medication Donation Program
2300 Capitol Avenue * Suite B27 * Cheyenne, WY 82002
Phone: (307)-635-1297 OR (855)-257-5041



Please fill out the following information:

Date: _____ City: _____

State: _____ Zip code: _____

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Facility name or donation site (if applicable):

- The Wyoming Medication Donation Program does NOT provide tax receipts for individual donors.
- If you are mailing the donation and would like delivery confirmation, use a delivery confirmation method via USPS, UPS, or FedEx. For the safety of the Medication Donation Program staff, the box must not be larger than 18" x 18" x 18" and cannot be heavier than 25 pounds.

We DO NOT Accept:



- ❖ Opened
- ❖ Expired (less than 5 months before expiration)
- ❖ Controlled Substances (medications for pain, anxiety, ADHD, etc.)
- ❖ Refrigerated medicine
- ❖ Medical Supplies
- ❖ Insulin Syringes
- ❖ Empty Bottles
- ❖ Veterinary medicine

For disposal options, please visit our website at www.wyomedicationdonation.org

Donate if **BOTH** criteria apply:

- ❖ Sealed packaging
- ❖ In date (5+ before expiration)

When donating:

- ❖ Remove/mark out any patient identifying information (name, date of birth, Rx number, etc.)
- ❖ Ensure that the drug name, expiration date, prescription date, quantity, and all other information remain visible on the container.