

DEPOT NAME: _____



DONOR MILK DEPOT LOG-IN SHEET

Start Date (first donation to an empty freezer):

End Date (picked up/shipped):

DATE OF DROPOFF	DONOR NAME	DONOR #	DATE OF OLDEST MILK	NOTES	STAFF NAME

Contact us at donate@midatlanticmilkbank.org or 412-281-4400 when your freezer is 75% full or no later than one month from the first drop-off to receive labeled shipping containers. Please include this form when you make your shipment and make a copy for your records.

Name of Staff Member logging out donor milk (shipping)

Signature

Date