



UTILITY and TRANSPORTATION CONTRACTORS ASSOCIATION



## N95 Mask Donation Form

Date: \_\_\_\_\_

Firm: \_\_\_\_\_

Location(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

# of N95 Masks Committed: \_\_\_\_\_

***For Staff:***

Allocated: \_\_\_\_\_

Confirmed: \_\_\_\_\_