



Shipment I.D.: S25019
Partner: House of God Ministries
Container #: MSMU4832427
Report Due Date: 02/27/2026

Ship Date: 07/30/2025
Date of Arrival At: 11/27/2025

Description	Qty.	UOM	Received?	Notes
ACE BANDAGE	13	UNIT	0	
ADULT DIAPERS	216	UNIT	0	
BED MATTRESS, VARIOUS TYPES	27	UNIT	0	
BLOOD PRESSURE CUFF	12	UNIT	0	
BRACE FOR ANKLES, KNEE, FOOT, OR LEG	8	UNIT	0	
CATHETER LAB SURGICAL KIT	14	UNIT	0	
EMESIS BASIN/BEDPAN	12	UNIT	0	
EXAM TABLE	3	UNIT	0	
EYE DROPS FOR ALLERGY VARIOUS SIZES	12	UNIT	0	
GAUZE	82	UNIT	0	
HOSPITAL BEDS	4	UNIT	0	
IV CATHETER	339	UNIT	0	
IV POLE	4	UNIT	0	
MEN'S SOCKS	4,699	PAIR	0	
MEN'S SWEATERS/HOODIES	248	PIECE	0	
MEN'S T-SHIRTS	8,496	PIECE	0	
PORTABLE COTS FOR CHILDREN	72	UNIT	0	
REFLEX HAMMER	55	UNIT	0	
RESUSCITATOR	9	UNIT	0	
SCHOOL DESKS	96	UNIT	0	
SHARPS CONTAINER	4	UNIT	0	
STETHOSCOPE	2	UNIT	0	
SUPPLIES USED FOR TRACHEOSTOMY	576	UNIT	0	
SURGICAL GOWN	1	UNIT	0	
SURGICAL MASK	77,700	UNIT	0	
SYRINGE WITH NEEDLE	2,610	UNIT	0	
TUBING (MEDICAL)	55	UNIT	0	
WOMEN'S T-SHIRT	1,226	PIECE	0	
WOUND DRESSING	78	UNIT	0	

Acknowledgement of Receipt:

By signing below, you affirm that your organization has received the product detailed above from World Help and the resources provided to you as a gift were used in accordance to our mutually binding partnership agreement and guidelines.

Date Distribution was completed: 02/04/2026

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Partner Signature

Number of People Reached:

Children	Adults	Elderly	Disabled	Other
0	0	0	0	0

How specifically were these numbers calculated?

*

Were these numbers provided by the receiving party?

No



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: MEN'S T-SHIRTS

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: PORTABLE COTS FOR CHILDREN

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: SURGICAL MASK

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: BED MATTRESS, VARIOUS TYPES

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*