



Shipment I.D.: S25044
Partner: Mission Eurasia
Container #: TGHU5163965
Report Due Date: 03/27/2026

Ship Date: 10/27/2025
Date of Arrival At: 12/27/2025

Description	Qty.	UOM	Received?	Notes
BED MATTRESS, VARIOUS TYPES	8	UNIT	0	
HATS	7	PIECE	0	
HEADBANDS	14	PIECE	0	
MEN'S SWEATERS/HOODIES	400	PIECE	0	
SCHOOL DESKS	158	UNIT	0	
WINTER BEANIES	12	PIECE	0	
WOMEN'S JACKET/COAT	51	PIECE	0	
WOMEN'S LEGGINGS	22,915	PIECE	0	
WOMEN'S SHORT	567	PIECE	0	
WOMEN'S SKIRT	7	PIECE	0	
WOMEN'S SPORTS BRA	90	PIECE	0	
WOMEN'S SWEATER/HOODIE	105	PIECE	0	
WOMEN'S SWEATPANTS	30	PIECE	0	
WOMEN'S T-SHIRT	990	PIECE	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: 03/23/2026

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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: WOMEN'S LEGGINGS

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: WOMEN'S T-SHIRT

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: SCHOOL DESKS

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.

*