



Shipment I.D.: S25028
Partner: Mercy Medical Clinic
Container #: HAMU2665170
Report Due Date: 01/10/2026

Ship Date: 08/18/2025
Date of Arrival At: 10/10/2025

Description	Qty.	UOM	Received?	Notes
BABY CLOTHES/BOY AND GIRLS	72	UNIT	0	
BED MATTRESS, VARIOUS TYPES	26	UNIT	0	
BOOKBAGS/BACKPACKS	3	UNIT	0	
BOY'S SWEATERS/HOODIES	222	PIECE	0	
BOY'S T-SHIRTS	848	PIECE	0	
DRAWSTRING BAGS	31	UNIT	0	
DUFFLE BAGS	8	PIECE	0	
HAND TOWEL	31	UNIT	0	
HATS	287	PIECE	0	
MEN'S CASUAL PANTS/JEANS	111	PIECE	0	
MEN'S POLOS	3,283	PIECE	0	
MEN'S SHOES	514	PAIR	0	
MEN'S SWEATERS/HOODIES	194	PIECE	0	
MEN'S SWEATPANTS	129	PIECE	0	
MEN'S T-SHIRTS	6,550	PIECE	0	
SAFETY VEST	12	UNIT	0	
SCHOOL DESKS	115	UNIT	0	
TOTE BAGS	13	PIECE	0	
WINTER BEANIES	29	PIECE	0	
WOMEN'S POLO SHIRT	49	PIECE	0	
WOMEN'S SHOES	696	PAIR	0	
WOMEN'S SWEATER/HOODIE	2,516	PIECE	0	
WOMEN'S SWEATPANTS	1,158	PIECE	0	
WOMEN'S T-SHIRT	1,910	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: 01/03/2026

Suhail

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 SHOES

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.

*



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: WOMEN'S SWEATER/HOODIE

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.

*