

COMMUNITY DONATION PLATFORM – REQUIREMENT SURVEY

ORGANIZATION NAME :

DATE:

LOCATION :

1. What are your top three priority needs right now?
2. Are there specific items that are always in short supply?
3. What types of food donations are most useful for you?
4. Do you have specific clothing needs based on age or season?
5. Are hygiene products (e.g., soaps, sanitary products) regularly needed?
6. Do you require medical supplies or medicines? If so, which ones?

7. What educational materials or learning tools are most beneficial?

8. How do you currently handle urgent needs or emergencies?

9. Would you prefer receiving cash donations, material donations, or both?

10. What additional support or features would make a donation platform more useful for you?

11. Feedback :

SIGNATURE