

PLEASE FILL OUT FORM LEGIBLY AND INCLUDE IN BOX OF DONATED ITEMS

NAME OF INDIVIDUAL OR COMPANY: _____

DO YOU NEED A THANK YOU RECEIPT? NO _____ YES _____

IF NO, STOP HERE AND PLACE IN PACKAGE BEING MAILED

IF YES, PLEASE CONTINUE TO FILL IN REQUIRED INFORMATION

EMAIL ADDRESS FOR THANK YOU RECEIPT: _____

WOULD YOU LIKE TO RECEIVE OUR EMAIL NEWSLETTER? YES _____ NO _____

IF YOU DO NOT HAVE EMAIL ADDRESS, PLEASE GIVE COMPLETE MAILING ADDRESS TO RECEIVE THANK YOU RECEIPT:

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

NOTE: IF YOU WOULD LIKE TO SAVE US A STAMP, PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.