



SAINTS' CLOSET UNIFORM DONATION FORM

PLEASE SELECT:

DONATION

CONSIGNMENT

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

OF BAGS: _____

INSERT THIS SHEET TO 1 BAG AND CLEARLY LABEL ADDITIONAL BAG WITH YOUR LAST NAME.

QUESTIONS: PLEASE CONTACT GENA GREER 203-722-5785, GENAGREER21@GMAIL.COM.
CHECKS WILL BE PAID IN FULL TO THE ABOVE NAMED IN FEBRUARY 2020.

OFFICE:

DATE: _____

ACCEPTED ITEMS: _____

UNACCEPTED ITEMS: _____

TOTAL \$ VALUE: _____