

Paper Angel Closet

Church Host: **St John's UCC, 401 N Main Street, PO Box 794, Belvidere, IL 61008** Date of application:

Name: _____ Phone: _____

Address: _____

Number in Family: Adults: Children: Ages:

Appointment Date: **Appointment Time:**

ITEMS REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Dish Soap | <input type="checkbox"/> Bleach Dry or liquid |
| <input type="checkbox"/> Paper Towels | <input type="checkbox"/> Laundry Soap |
| <input type="checkbox"/> Deodorant male female | <input type="checkbox"/> Toothbrushes/Adult: # |
| <input type="checkbox"/> Toilet Paper | <input type="checkbox"/> Toothbrushes/Children: # |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Tissues | <input type="checkbox"/> Tampons |
| <input type="checkbox"/> Bar Soap | <input type="checkbox"/> Sanitary Pads |

Picked up by Client : No Yes

Comments: _____

Postcard sent date:

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