

Please enclose a copy of this form with your packages sent to the Hospital Reps, Gift Shop Chairman, or other organizations. This form serves both Children & Youth and Veterans Affairs & Rehabilitation donations.

Hospital Rep. Gift Shop Chairman, Organization  From:Unit #:  Unit #:  Unit Chairman:  Address/Phone:  Member Transporting:  NUMBER OF ARTICLES  DESCRIPTION OF ARTICLES  EVALUATION	To:	Date:	
Name of Hospital, Domiciliary, Organization  From:	-	Hospital Rep, Gift Shop Chairman, Organization	
Name of Hospital, Domiciliary, Organization  From:			
At:		Name of Hospital, Domiciliary, Organization	
At:	From:	Unit #:	
Unit Chairman:  Address/Phone:  Member Transporting:  NUMBER OF ARTICLES  DESCRIPTION OF ARTICLES  EVALUATION	_	Unit Name	
Unit Chairman:  Address/Phone:  Member Transporting:  NUMBER OF ARTICLES  DESCRIPTION OF ARTICLES  EVALUATION	At:	District #:	
Address/Phone:	1000.11110		
Address/Phone:	Unit Cha	airman:	
Member Transporting:			3/1
Member Transporting:	Address	s/Phone:	
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