

# Donor Form

Date: \_\_\_\_\_

Used Pairs: \_\_\_\_\_ New Pairs: \_\_\_\_\_

Pieces of Clothing: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Check the box to receive email updates from Soles4Souls!**

## For S4S Internal Use Only

Date Received	Location/Warehouse	S4S Employee

