

REQUEST FOR HYGIENE BAGS OF LOVE

Name of Organization:								
Address:								
Contact Person/Position:								
If a 501(c)(3) – EIN #:								
Website:								
Phone & email:								
Best Time to Contact:	Day of Wee	ek	Morning _	Afte	rnoon	Evening	J	
Total Number of Bags Reques	sted:	Date	Requested:		Date Need	led:		
If for a school, will a nurse be	conducting	a hygiene	e class: YES	N	0			
Grade level and total number	by gender:							
Kindergarten:	Boys	Girls	_ Elementary:		Boys	Girls		
Junior High:	Boys	Girls	_ High School:		Boys	Girls		
The reusable drawstring bags to product availability and wil shampoo, bar soap, toothbru	ll be age app	propriate.	They can include	de bar s	oap, scrubb	oie or wash		
Additional possibilities: Chap other small toy, socks, hat, scand community resource informates.	arf and glov	es, a treat	(candy or chip	s), color	ing/activity			
For questions or requests, please contact: Davidia (Davy) Seevers at (419) 277-9057) or deseevers@gmail.com or the email listed below.				Office Use Only Vetted By: Date: If denied, reason:				