## SPECIAL APPAREL NEEDS INC.

13607 La Concha Lane Houston, Texas 77083 713-269-3790



## **Donation Request Form**

Tel:			<del></del>		
Date:					
rehabilitation faci the number of	ilities, nursing hon clothes will be ec pair" and reference	qual to the number	living in our com r of outfit sets, m utfit (total) in the	munity. For the d neaning a top and donation reques	onation's fulfillment,
Patients Initial Only	PT. Room Number	Male/Female	Pants Size	Shirt Size	No of Outfits
For Special Appar	rel Needs ONLY:		_		
Number of MALE pairs:			Number of FEMALE Pairs:		
Please print you	ır name and sigı	n below to autho	rize your reque	est:	
Print:			X		
•		parel Needs. We v	•	equest in 2-7 Bus	siness Days, after

If you have any questions, please contact us directly at 713-261-7423 or send us a text at 713-351-9565.

Name (First): \_\_\_\_\_ Address: \_\_\_\_\_