

Donation Form

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

Shoe Drive: **The LifeHelpers ‘KICKS From The HEART’**

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

Company Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop-Off/Delivery Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

***Complete the applicable boxes below. Fill out completely & place a copy in each box to ensure proper acknowledgement.***

|  |  |
| --- | --- |
| Gently USED Shoes | |
| **Total**  **Pairs** |  |

|  |  |
| --- | --- |
| Gently USED Shoes | |
| **Total**  **Singles** |  |

|  |  |
| --- | --- |
| New Shoes | |
| **Total**  **Pairs** |  |

For S4S Internal Use Only