



Donation Form

Applicant's Name: _____ Phone Number: (____) _____ - _____

Pick Up Person: _____ Phone Number: (____) _____ - _____

Organization Associated with: _____

Maternity Wear: S _____ M _____ L _____ XL _____

Children's Wear: Male _____ Female _____

Clothing Size: _____ Shoe Size: _____ Age: _____

Children's Wear: Male _____ Female _____

Clothing Size: _____ Shoe Size: _____ Age: _____

Children's Wear: Male _____ Female _____

Clothing Size: _____ Shoe Size: _____ Age: _____

Other Needs (stroller, high chair, bedding, etc.):

**Please note that all items listed on your form may not be available. We will not know what items are available until after our sale.

Pick up date is March 2, 2019 at 4:00 pm at First United Methodist Church, 401 West Main Street, Richmond, KY (Multi-Ministry Building)

Please return form by February 24th, to LOCS, PO Box 27, Richmond, KY 40475 or email to contactus@locsofrichmond.com with DONATION in the subject line.