

Please attach this donation tag to each item submitted.

Parent's Name: _____

Contact #: _____

Child's Name: _____

Grade/Room: _____

Qty	Donation Description

If item is perishable or needs special pick-up, please state preferred drop-off or pick-up location & time:

Please attach this donation tag to each item submitted.

Parent's Name: _____

Contact #: _____

Child's Name: _____

Grade/Room: _____

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