

SOLES4SOULS

Turning shoes and clothing into opportunity

DONATION FORM

Date: _____

Contact Name: _____

Company: *(if affiliated with donation)* _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Check this box to receive email updates from Soles4Souls

Please fill out the section below completely. Place copy in each box to ensure proper acknowledgement.

Gently Used Shoes	Retail Partners New Shoes	Retail Partners New Clothing
Total Pairs _____	# of Men's Pairs # of Women's Pairs _____ # of Children's Pairs # of Singles _____ Total Pairs _____	Total Pieces _____
Gently Used Clothing		
Total Pieces _____		

**not all of our warehouses accept used clothing; please contact to confirm*

S4S INTERNAL USE ONLY

Date Received	Warehouse/Location	S4S Employee
_____	_____	_____