

SOLES4SOULS

Turning shoes and clothing into opportunity

DonationForm

Date: ____/____/____

Contact Name: _____

Company Name (If affiliated with donation): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please check all that apply. Fill out completely & place a copy in each box to ensure proper acknowledgement .

Gently Used Shoes

Total Pairs: _____

Gently Used Clothing

Total Pieces: _____

Retail Partners - New Shoes

of Men's Pairs _____

of Women's Pairs _____

of Children's Pairs _____

Singles _____

Total Pair _____

New Clothes

Pieces _____

For Soles4Souls Internal Use Only

Date Received

Location/ WH

S4S Employee

319 Martingale Drive • Old Hickory, TN 37138

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www.soles4souls.org