

SOLES4SOULS

Turning shoes and clothing into opportunity

DONOR FORM

Your donated shoes can save lives.

First & Last Name: _____ Date: _____

Organization: _____

Address: *(please include city, state, zip code)*

Phone: _____ Email: _____

All the things!

Used Pairs: _____ # New Pairs: _____ Pieces of Clothing: _____

Please sign me up to receive *awesome* emails from Soles4Souls!

S4S Internal Use Only

Date Received	Warehouse/Location	S4S Employee