

KITS FORM

Complete a Kits Form and securely tape it to the outside of the box. Ensure every box has a form attached. Make additional copies of the form as needed.

Congregation/Group

Address

City/State/ZIP

Congregation Email

Kit type and number of Kits

SHIPPING & PROCESSING FUNDS FORM

Complete and send with your check.

Congregation/Group

Address

City/State/ZIP

Congregation/Group Phone #

Congregation/Group Email

Contact Person

Contact Person Phone #

Contact Person Email

Indicate the amount you wish to designate:

Processing/Shipping: _____

Donation for CWS Kits (in lieu of making kits): _____

TOTAL: _____

Indicate # of kits:

Kids Kits: _____

Hygiene Kits: _____

Emergency Cleanup Buckets: _____

Period Packs: _____

Other: _____