

**Check-In Form**

**Please bring this form with you to Drop-Off**

**You must have your clothes grouped by size and gender at drop-off.**

Name \_\_\_\_\_

Consigner # \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Alt. Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Total # of items \_\_\_\_\_

Donating or Picking Up (Please circle one)

Volunteer: \_\_\_\_\_ 4-hour \_\_\_\_\_ 8-hour \_\_\_\_\_ VIP \_\_\_\_\_ Donate Your Mate \_\_\_\_\_ Give Some Grub \_\_\_\_\_