



Volunteer Name:
E-mail:
Phone Number:

Address:
Organization:

Garment	Amount #
Beanies/Hats	
Ear Warmers	
Scarves/Shawls	
Cowls	
Socks	
Gloves/Mittens	
Sweaters/Cardigans	
Tiny Hearts	
Total	

Notes: \_\_\_\_\_

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