

FREE KIT DONATION REQUEST FORM

Name of Organization
Address
Contact Name (dir or purchasing)
Telephone **Fax** **E-mail**

Type of Organization:

☐ Temporary Shelter ☐ SRO Residence ☐ Scatter Site

Approximately how many people does this organization serve annually?

Please specify what type of kits your organization buys regularly:

☐ complete apartment ☐ bedding ☐ kitchen ☐ bath
☐ hygiene ☐ other (specify)

Would you like us to send you our low prices on mattresses and bedding?

☐ yes ☐ no

Do you wish to receive our weekly sales e-mail blast?

☐ yes ☐ no

Comments:

How many of the FREE KITS would you like to receive?

Thank you for completing the form. Please **email** to barry@1877KITS.com or **fax** to **908-926-2279**