



DONATION FORM

Project Homeless Connect (PHC)

Tuesday, January 29, 2008

Contact Name: _____

Agency/Organization/School (if applicable): _____

Address: _____

Phone #: _____

FAX: _____

E-mail address: _____

Indicate which new and unused items you wish to donate:	Quantity of Items:
<input type="radio"/> Thermal Underwear	
<input type="radio"/> Underwear	
<input type="radio"/> Food certificates (in increments of \$5)	
<input type="radio"/> Hats and Gloves	
<input type="radio"/> Hand Warmers	
<input type="radio"/> Socks	
<input type="radio"/> Monetary Donation of \$ _____ Make checks may be made payable to Bergen County Community Action Partnership; note "Project Homeless Connect" in the memo.	
<input type="radio"/> Other _____	

Donations are appreciated by **Monday, December 17, 2007.**

Please bring this completed form along with your donations to:

Bergen County Community Action Partnership, Inc. Drop-In Center
 67 Orchard St., Hackensack, NJ 07601
 Phone 201-488-5100
 Hours: 7 am to 7 pm, Monday through Friday

For an electronic copy of this donation form, e-mail: jlinter@co.bergen.nj.us

THANK YOU!