



Supply Donation Form

Date of Donation _____

School _____

Name _____

Company/Organization _____

Mailing Address _____

City, State, ZIP _____

Daytime Phone _____

Email _____

Supply Donation

Number of Items _____ Value of Items \$ _____

Description of Items:

Please contact us at 202-347-9467 to arrange pick up or drop off of items.

**Thank you for your donation.
Your gift will be acknowledged with a letter of thanks.**