

Donation Sign-In Form.

Print off as many copies as needed

PLEASE PRINT CLEARLY TO ENSURE YOU RECEIVE A TAX RECEIPT	
Name	
Street Address	
City, State, Zip	
Email	
Phone	
Donation Type	Clothing? <input type="checkbox"/> Monetary? <input type="checkbox"/>
Mailing List?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/>	
Name	
Street Address	
City, State, Zip	
Email	
Phone	
Donation Type	Clothing? <input type="checkbox"/> Monetary? <input type="checkbox"/>
Mailing List?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/>	
Name	
Street Address	
City, State, Zip	
Email	
Phone	
Donation Type	Clothing? <input type="checkbox"/> Monetary? <input type="checkbox"/>
Mailing List?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Sample event Timeline (Draft working document).

Edit as needed.

Ready For Work Planning timeline Tasks	September	October
Identify Where The Clothing Drive Will Occur and When	X	
Identify volunteers	X	
Consider having a partner organization assist	X	
Consider outreach efforts	X	
Finalize the logistics of your clothing drive	X	
Consider the supplies needed (hangers, racks, etc.)		X
Train volunteers on sorting		X
Consider where all donations will go for sorting		X
Determine what clothing closets the donations are going to go to		X
Determine transportation needed		X