



Product Drive Donation Form

Date: _____

School _____

Product _____
(socks, soap)

Number of Items*: _____

Drive Coordinator: _____

Email: _____

Children Participating: (Those who help with or do extra for the drive)

Please count and list items by type. (ie: Girls underwear 10@size 6, 5@size 8, etc.)
Enter total collected under # of items.

Please complete this form and include with each delivery of Product Drive donations.