



Donation Form

Date: ____/____/____

Contact Name: _____

Company Name (If affiliated with donation): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please check all that apply. Fill out completely and for site drop-off, place a copy of the form in each box to ensure proper acknowledgement.

Gently Used Shoes

Total pairs: _____

Retail Partners - New Shoes

of Men's pairs: _____

of Women's pairs: _____

New Socks

Total pairs: _____

of Children's pairs: _____

Total pairs: _____

For Cold Feet Warm Hearts Internal use only:

Date recieved: _____

Location: _____

CFWH Employee: _____

cold feet warm hearts
5925 Alameda Road, Unit #: 11404
Houston, Texas 77004-7671
www.coldfeetwarmhearts.org