

Boston Office 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 ☐ Retail Partners - New Shoes		
Total pairs:		# of Men's pairs:
		# of Women's pairs:
☐ New Socks		# of Children's pairs:
Total pairs:		Total pairs:
For Cold Feet Warm Hearts Internal use only:		
Date recieved:		
Location:		
CFWH Employee:		

cold feet warm hearts

74 Camperdown Lane Sudbury, MA 01776

www.coldfeetwarmhearts.org