



Free Distribution Request Form

Phone: 323-224-6298 Fax: 323-250-0777

Email: Vincentianservices@svdpla.org

Conference Name and City:	District:
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Family Interviewed Information (Please print clearly)

First and Last Name:	
Street Address:	Apt.:
City:	Zip Code:
Phone Number:	Alternate Phone Number:
<input type="checkbox"/> Ground Level	<input type="checkbox"/> Upper Level <input type="checkbox"/> _____
PLEASE SEE BELOW	

Conference Information (Please print clearly)

Visiting Vincentian 1:	Contact Number:
Visiting Vincentian 2:	Contact Number:
Vincentian email to confirm delivery:	
Did Vincentian give Guidelines Form? Yes _____ No _____	
President Signature:	Date:

NOTICE: DRIVERS DO NOT CARRY FURNITURE TO SECOND OR HIGHER FLOORS. PLEASE ARRANGE THE NECESSARY ASSISTANCE WITH THE FAMILY OR INDIVIDUAL WHO IS RECEIVING ASSISTANCE.

Please briefly explain Family's situation:

Requesting the Following Items:

<input type="checkbox"/> Stove Size _____ <input type="checkbox"/> Refrigerator Size _____ <input type="checkbox"/> Microwave Use space provided to list other items needed or details on items above <hr/> <hr/> <hr/>	<input type="checkbox"/> Twin Size: Frame __ Mattress__ Box Spring __ <input type="checkbox"/> Full Size: Frame __ Mattress__ Box Spring __ <input type="checkbox"/> Queen Size: Frame__ Mattress__ Box Spring __ Use space provided to list other items needed or details on items above <hr/> <hr/> <hr/>	<input type="checkbox"/> Sofa <input type="checkbox"/> Loveseat <input type="checkbox"/> Dining Table <input type="checkbox"/> Dresser <input type="checkbox"/> Coffee Table <input type="checkbox"/> End Table <input type="checkbox"/> Chairs # <small>*See people in family above</small> Other items needed: <hr/> <hr/> <hr/> <hr/>
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Note: all items listed above are not guaranteed. Items are donated based on availability.

For Office Use- Only

Date Received:	Coordinator Signature:	Supervisor Signature:
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Administration Notes:
