



## Keep Our Kids Warm

**Do you know a child who needs a new warm winter coat?**

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_ Phone #: \_\_\_\_\_

1) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Coat Size: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Coat Size: \_\_\_\_\_

3) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Coat Size: \_\_\_\_\_

4) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Coat Size: \_\_\_\_\_

**RETURN FORM TO:**

Email: [csoinc@censop.com](mailto:csoinc@censop.com)

Fax: 570-644-6580

Phone: 570-644-6575 ext. 171

**Not all requests are guaranteed to be filled. Requests will be processed on availability of coats.**

Staff Use Only: Date Received: \_\_\_\_\_ Filled: \_\_\_\_\_ Picked Up: \_\_\_\_\_

