Caring Corner 2009

Club Donations Listing

Contact Person: _____ Phone: _____

E-mail: _____ Club Name: _____

Mailing address: _____

Item/Description	Quantity	Price/item	Total

Page ____ of ____

Please attach this completed listing form to the boxes of items (or cash donations) that you will be bringing to the Caring Corner at the Convention. If you will not be at the Convention, you may mail this form with your check directly to the Florida District Kiwanis Foundation, 5500 Military Trail,#22-274 Jupiter, FL 33458