



Luggage Foundation Request Form

Please send back in email Smsssluggagefoundation@yahoo.com

Date Requested: _____

Name/Agency: _____

Phone number: _____

Drop off Location: _____

Amount Requested:

Backpack: _____

Luggage: _____

Color/Age Request: _____

Clothing Items:

Size: _____

Item: _____

Shavon Mariah Social Services Luggage Foundation
Nonprofit 501(C)(3)
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