



Luggage Foundation Request Form

Please send back in email Smsssluggagefoundation@yahoo.com

Date Requested: _____

Name: _____

Phone number: _____

Drop off Location: _____

Amount Requested: _____

Backpack or luggage: _____

Ages: _____

Color Request: _____

Luggage Foundation Area- Internal Use Only

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