Reservation Form

Please fill out the following form and send it via e-mail to: fundraiser@aeclothing.net

With any questions, please contact our office at: 732-396-0357

All information for office use ONLY

PLEASE PRINT

Have you collected clo	thing for us before?	Yes	
School / Organizati	on name:		
Address:			
Town:	State:	Zip	County:
Tel #		Fax #	
Contact Person (avai	ilable on pick up day)		
Contact person is requi	red to contact our offic	e a day before so	cheduled pick up to confirm
Home phone #		Work phone #	
E-mail address:	address: Cell phone #		one #
Make check payable to			
Send check to (if different	ent than school / organiz	ation address)	
** Requested date of c	ollection:		
** Requested time fram	me of pick up:		
	Pick up time may vary d ny help with putting ba		conditions ** k? Yes No
** Collection: Inside _	Outside		
	<u>IMPO</u>	RTANT	
reschedule pick up date for * Minimum for CT, DE, RI	more convenient time (one , MD is 200 bags per pick t	e having another p up due to the greate	

***Please note that all clothing <u>has to be</u> in wearable usable condition ***
We will not pick up wet clothing.