Evaluation Slip

Please enclose a copy of this form with your packages sent to the Hospital Reps, Gift Shop Chairman, or other organizations. This form serves both Children & Youth and Veterans Affairs & Rehabilitation donations.

To: _____ Date: _____
Hospital Rep, Gift Shop Chairman, Organization

_____
Name of Hospital, Domiciliary, Organization

From: _____ Unit #: _____
Unit Name

At: _____ District #: _____

Unit Chairman: _____

Address/Phone: _____

NUMBER OF ARTICLES	DESCRIPTION OF ARTICLES	EVALUATION