NOV Gleaners Application for donated furniture

4405 29th St.

Vernon, BC V1T 5B7

Date of request:	
SPONSOR Agency/Church:	
Sponsor contact individual:	
Agency/church contact #:	
Recipient name:	
Recipient phone #(s):	
Recipient address:	
Number of people in the family:	
Ages of each child:	
Date furniture is needed:	
Reason for request:	
Items in need:	
Delivery method:	
Review of items has been completed & accepted by contact & Gleaners member: Yes/No	
Changes requested:	

NORTH OKANAGAN VALLEY GLEANERS

Agency: *Please mark for each item needed: prioritize A,B,C.. { } and multiples (x)*

Gleaners member**: itemize the value items to be donated **[$]

Living room

{ } Couch	(x) [$]	{ } Chair	(x) [$]
{ } Coffee table	(x) [$]	{ } End table	(x) [$]
{ } Shelving	(x) [$]	{ } lamps	(x) [$]

Kitchen

{ } Table	(x) [$]	{ } Kitchen chairs	(x) [$]
{ } Fridge	(x) [$]	{ } Stove	(x) [$]
{ } Microwave	(x) [$]		

Bedrooms

{ } Mattress	(x) [$]	{ } Box spring	(x) [$]
{ } Bed frame	(x) [$]	{ } Headboard	(x) [$]
{ } Mirror	(x) [$]	{ } Drawers	(x) [$]

Other

{ } Washer	(x) [$]	{ } Dryer	(x) [$]
{ } Desk	(x) [$]	{ } Other	(x) [$]

Value of Donated Goods $_____

Delivery Donation $_____

Total value of Donation $_____

Date completed_____

Signed off by Store Manager_____

Signed off by Family Contact/Recipient_____