



## Community Closet Online Request Form

Please complete the information below and send it to [communitycloset@unitedwaymc.org](mailto:communitycloset@unitedwaymc.org).

**Note:** Allow **10 business days** for processing. Once your order is fulfilled, an email notification will be sent to the contact provided. The order will be held at the front office of United Way of Marathon County for **10 business days** before the items are returned to the Community Closet.

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**Today's Date:**

**Agency or Individual's Name:**

**Agency or Individual's Contact Name:**

**Preferred Phone Number:**

**Email Address:**

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## Adult Information

- **First Name:**
  - **Gender:**
  - **Clothing Size (in numbers):**
  - **Do you need shoes?**
  - **Shoe Size:**
  - **Clothing Needs:**
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**Do you have child?**

## Child's Information

- **Child's First Name:**
  - **Child's Age:**
  - **Gender:**
  - **Child's Clothing Size (in numbers):**
  - **Do you need shoes for the child?**
  - **Child's Shoe Size:**
  - **Child's Clothing Needs:**
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**Do you have another child?**

## **Child's Information**

- **Child's First Name:**
- **Child's Age:**
- **Gender:**
- **Child's Clothing Size (in numbers):**
- **Do you need shoes for the child?**
- **Child's Shoe Size:**
- **Child's Clothing Needs:**

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**Do you have another child?** (Please copy and paste the questions above for each additional child.)