

Back to Basics Request Form

Please email completed form to: workplacevolunteercouncilmc@gmail.com

Agency will be contacted to arrange pick-up when request is ready.

Your contact info:

Name _____

Date of Request _____

Agency _____

Email _____

Phone _____

Office Use Only

Order # _____

Family Size: _____ **Consisting of (please fill in the appropriate numbers):**

Adults: Female _____ Male _____

Children: Age 2 and under _____ Age 3-10 _____ Age 11+ _____

Please **circle** the products most needed by your client.

Shampoo/Conditioner for Adults	Toothbrushes/Toothpaste
Shampoo/Conditioner for Children	Mouthwash
Baby Wipes	Dental Floss
Soap	Lip Balm
Deodorant	Disposable Razors
Lotion – Hand and Body	Kleenex
Q-tips	Band-Aids
Washcloths	Feminine Hygiene Products Circle item needed: Pads Tampons