

# SUPPLY CHECKLIST:

Please fill in the number of each item:

- |               |                         |
|---------------|-------------------------|
| _____ Coats   | _____ Boots             |
| _____ Hats    | _____ Heavy sweatshirts |
| _____ Mittens | _____ Blankets          |
| _____ Gloves  | _____ Glove warmers     |
| _____ Scarves | _____ Snow pants        |



## THANK YOU FOR LIVING UNITED FOR WARMTH!

Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

With questions, please contact Shannon at [Sbehm@ottawaunitedway.org](mailto:Sbehm@ottawaunitedway.org)