



**Drop Off Form**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Number of bags/totes:** \_\_\_\_\_

**Description of Items:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Choose one of the following:**

\_\_\_ *I choose to donate the items that are not accepted by consignment shop.*

\_\_\_ *I wish to be contacted at phone number above with notification that unacceptable items are ready to be picked up. Items not picked up within 7 days will be donated.*

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**Store Use Only**

**Date Rec'd:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Date customer notified to pick up items:** \_\_\_\_\_

- \_\_\_ *spoke to customer*
- \_\_\_ *left message or voicemail*

***Date to be picked up by*** \_\_\_\_\_