



APAH Backpack and School Supply Commitment Form

Date _____ Name _____

Group Name (if applicable) _____

Phone _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Grade Level	Anticipated Need	How Many Can You Fill?
1 st -3 rd	10	
4 th -5 th	50	
6 th -8 th	60	
9 th -12 th	60	

Please Choose a Drop of Date and Location for Your Donated Backpacks:

_____ Friday, August 4th, 10AM-12PM, The Springs, 4318 N Carlin Springs Road, 22203

_____ Tuesday, August 8th, 10AM-4PM, The Springs, 4318 N Carlin Springs Road, 22203

_____ Wednesday, August 9th, 5PM-8PM, Arlington Mill Residences, 901 S Dinwiddie St, 22204

May we mention your commitment on APAH social media pages? _____ YES _____ NO

THANK YOU!

Office Use Only
Date Commitment Form Received:
Date Backpack(s) Received:
Received By: