

Top of the Line Residential Care & Development, Inc. Donations Description Form

Name _____

Address _____

Home Telephone: _____ Other: _____

Please mark appropriately the items you are donating and write the quantity beside each item.

Clothing	Quantity	Electronics	Quantity	Jewelry	Quantity	Appliance Furniture	Quantity
Pants		DVD Player		Necklace		Bed	
Suits		VCR Player		Bracelet		Microwave	
Blue Jeans		Clock		Earrings		Refrig.	
Shirts		Clock Radio		Watch		Desk	
Blouse		Cassette Play		Tie clips		Chair	
Dresses		MP3 Player		Cuff link		Table	
Tops		Walkman		Broach		Bedspread	
Pajamas		TV 13"				Pillowcase	
Nightgowns		TV 19"				Pillows	
Coat		TV 27"				Sheets	
Jacket		Cell Phone/Phone					
Sweater		Digital Cam.					
Socks		Video Record.		Hobby	Quantity	Miscellaneous	Quantity
Tee-Shirts		Stereo		Easel		Plants	
Shorts		DVDs		Crayon		Dishes	
Purses		CDs		Notebook		Pots & Pans	
Belts		Cassettes		Canvas Pads		Area Rugs	
Underwear		Portable CD Player		Books			
Bras		CD Case		Journals			
Shoes		CD Stereo Sys.		Paints			
Tennis Shoes		Ipod		Plants			
Sandals		Laptop		Dishes			
Slippers		Desk Computer		Pots & Pans			
Suitcase		Speakers		Area Rugs			
Back Pack		Camera					

Signature _____ Date _____