



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.*

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 _____