

Items you are donating to Youth On Their Own

(check all that apply)

____ clothing

____ electronics

____ food

____ hygiene items

____ blankets/linens

____ gift card (amount) _____

If you wish to have YOTO acknowledge your gift, please provide contact information:

NAME: _____	
ADDRESS: _____	
PHONE: _____ <small>(include area code if not 520)</small>	EMAIL: _____