



REQUEST Form for Thrift Store Benefits

NOTE: Benefits from our thrift store are usually for clothing, shoes & books for the individual/family, although other items may be approved based on inventory. (such as furniture, baby gear, household items etc.) Please call for more information.

To be completed by approved ALOG Partner: (Call 909-233-7825 if not an ALOG Partner) Request Date: _____

Referring Partner _____ Referred By (case worker name): _____

Dept. _____ Phone/ext: _____ Email: _____

Address: _____

REQUEST IS FOR A SPECIFIC ITEM(S) /BULK ITEMS (Going to Partner & not specific family; ie: blankets, baby clothing, etc)

Items needed: _____

Items will be picked up by: _____ or A Lot of Good to deliver items to Partner address above.

REQUEST IS FOR INDIVIDUAL/FAMILY (Restrictions may apply for delivery.)

Recipient Name: _____ # of family members in household that you are requesting assistance for: _____

Parent/Guardian 1 Name: _____ Occupation: _____ Primary Language: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Wk#: _____ Email: _____

Brief Reason for need: _____

Description of Items needed (clothing, household items, etc) _____

PLEASE INDICATE HOW YOU WOULD LIKE RECIPIENT TO RECEIVE ITEMS:

A Lot of Good to contact Recipient Family/Individual for them shop at ALOG thrift store. (Make sure cell phone number is listed above)

A Lot of Good to mail Thrift Store Voucher to referring Partner listed above.

Other: Please specify: _____

A Lot of Good to deliver items to referring Partner (restrictions apply). Complete information on needs below:

A. Most of the requests we are able to fill are for clothing, jackets, shoes, and books. If family is in need of other items such as baby gear or household items, we may be able to fill based on inventory. Please list specific needs: _____

B. Clothing Needs: List Specifics: Sizes (and whether child or adult size), clothing type: Jackets, pants, shorts, long/short sleeve shirts etc.

OTHER REQUEST OR INFORMATION: _____

EMAIL REFERRAL FORM TO BENEFITS@ALOTOFGOOD.ORG
FOR MORE INFORMATION CALL 909-233-7825 (Non Profit direct line) OR 909-233-7830 (Thrift Store) ALotofGood.org

ALOG only: Rec'd Date: _____ Approved for \$ _____ Partner Contact Date: _____ Family/Individual Contact Date: _____
Completion Date: _____ Actual Benefit Amount: \$ _____ In Kind Donation Processed: _____