



April 1 - April 30  
**FILL OUT AND GIVE  
TO ATTENDANT  
WHEN MAKING  
YOUR DONATION**

**School Name:**

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**City Where School is Located:**

---

**Number of Items Donated:**

---

**Store Manager/Attendant Signature:**

(Only if over 999 items)

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For list of participating locations:  
[www.bagitupforgoodwill.org](http://www.bagitupforgoodwill.org)



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