



American Red Cross

Mid-Florida Region

CLOTHING DROP BOX COMMITMENT & PLACEMENT FORM

COMPANY: _____

ADDRESS OF BOX PLACEMENT: _____

ZONE & COUNTY: _____

CONTACT: _____

PHONE NUMBER: _____

SPECIAL INSTRUCTIONS: _____

LOCATION DIAGRAM

This is your Clothing Box Placement Form. Please complete the form, including any relevant information with regards to box placement. Once you approve the location, please sign and fax to Leslie Durant for processing.

Leslie Durant, Executive Assistant

Phone: (407) 894-4141 x. 4602

Fax: (407) 846-6748

leslied@midfloridaredcross.org

Approved: _____

Date: _____