

**PLEASE PRINT CLEARLY**

**St. Francis Family Service Program- Knights of Service Supply Donation**

Drop-off Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Supplies (description, quantity): \_\_\_\_\_

Receipt Attached (please only claim 1 hour for every \$20 spent)

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