



Cash for Clothes Application

Today's Date: _____
Date of Event: _____

Organization Information

Organization Name: _____
Address: _____
Phone number: _____
Email: _____
Tax ID or 501C3 Number: _____

Primary Contact Person

Name: _____
Contact number: _____
Email Address: _____

Event Details:

Date(s) of Event: _____
Price per Pound: _____ \$0.20
Other information: _____

Please return form via email to SMcGowan@EndEpilepsy.org