

Diaper Bank Partnership Of Lake County Request /Confirmation Form

Please complete this form and **fax to 847-526-0294**



Agency: _____

Agency Contact: _____

Phone Number: _____

Request for pick-up on (Date): _____

Request actual number of diapers needed, not packages

Children's Diapers:

<u>Requested</u>	_____	<u>Filled</u>	_____
PREEMIE	_____	PREEMIE	_____
NEWBORN	_____	NEWBORN	_____
SIZE 1	_____	SIZE 1	_____
SIZE 2	_____	SIZE 2	_____
SIZE 3	_____	SIZE 3	_____
SIZE 4	_____	SIZE 4	_____
SIZE 5	_____	SIZE 5	_____
SIZE 6	_____	SIZE 6	_____
TOTAL	_____	TOTAL	_____

Adult Products

<u>Tabs Requested</u>	_____	<u>Filled</u>	_____
ADULT SM	_____	ADULT SM	_____
ADULT SM/MED	_____	ADULT SM/MED	_____
ADULT MED	_____	ADULT MED	_____
ADULT LG	_____	ADULT LG	_____
ADULT XL	_____	ADULT XL	_____

Pull-Ups Requested

<u>Pull-Ups Requested</u>	_____	<u>Filled</u>	_____
ADULT SM	_____	ADULT SM	_____
ADULT SM/MED	_____	ADULT SM/MED	_____

**Questions: Contact
847-544-9568**

Mission Statement:

The mission of the Lake County Diaper Bank is to keep the county residents healthy by providing free diapers to all those who are in need of diapers for their health and wellness.

Diaper Bank Vision Statement:

The vision of the Lake County Diaper Bank is to collect diapers throughout the year in partnership with churches, civic organizations and agencies, and to distribute them through Lake County area organizations which serves the people in need.

ADULT MED _____ ADULT MED _____

ADULT LG _____ ADULT LG _____

ADULT XL _____ ADULT XL _____

Shields/Liners Requested

Filled

Male _____

Male _____

Female _____

Female _____

The Diaper Bank office must receive this form **NO LATER** than 4 PM on the Monday before your pick date. Orders not received by the deadline cannot be filled.

Request Form rev March 26, 2014