



CONCORD PIECEMAKERS

COMFORT QUILT REQUEST FORM

Internal Use Only

Date Received:

Date Approved:

Please use this form to request a comfort quilt for a specific charitable organization or individual recipient. Submit completed requests to Leslie Garrison via email at comfortquilts@concordpiecemakers.org. All requests must be approved prior to fulfillment.

GUILD MEMBER Making this Request			
First Name:		Last Name:	
Phone Number:		Email Address:	

Complete this section to nominate an ORGANIZATION.			
Organization:			
Address:			
Contact Person:			
Phone Number:		Email Address:	
Desired Size (inches):	Specify: ___ Width x ___ Length OR Select: ___ Twin (~57x82in) ___ Lap (~48x60in) ___ Wheelchair (~36x45in)		
Desired Colors:		Desired Pattern:	
Desired Quantity:		Type of Fabric:	___ Children ___ Adults ___ Both
Who will collect these quilts and deliver them to the organization?			
Comments:			

Complete this section to nominate an INDIVIDUAL.			
First Name:		Last Name:	
Address:			
Phone Number:		Email Address:	
Desired Size (inches):	Specify: ___ Width x ___ Length OR Select: ___ Twin (~57x82in) ___ Lap (~48x60in) ___ Wheelchair (~36x45in)		
Desired Colors:		Desired Pattern:	
Desired Quantity:		Type of Fabric:	___ Children ___ Adults
Who will collect the quilt and deliver it to the individual?			
Comments:			