

## Quilts for Kids

Donor Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of Quilt \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Size \_\_\_\_\_

Estimated time to make \_\_\_\_\_ hrs. X \$20/hr.= \_\_\_\_\_

Total Cost labor and materials-\$ \_\_\_\_\_

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Keep this portion for your records

Date \_\_\_\_\_

Value of quilt donated \_\_\_\_\_

The Four Corners Child Advocacy Center is a 501c3 ID #84-1212945