



CORNERSTONE ASSISTANCE NETWORK Network Partner Item Request

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| |
|-------|
| Date: |
|-------|

| | |
|--------------------------|-----------------|
| Name of Network Partner: | Contact Person: |
| Contact E-mail: | Contact Phone: |

To request items, please fill out this form and fax, mail, or e-mail it to Al Newton at Cornerstone using the contact info listed above. Quantities are limited and are given on a first-come, first-served basis. Upon receipt of your request, we will contact you to let you know whether or not we are able to meet your request and to arrange a pick up if applicable.

| Item(s) Requested (specify quantity please): | Value (office use) |
|--|--------------------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| Intended Use: | |

Large items from the Thrift Store floor or warehouse must be approved by Store Manager before being approved and/or distributed.

| | | | | |
|------------------|-------------------|-----------------------|-------------------|-----------------|
| Request Received | Request Reviewed: | Thrift Store Approval | Partner Contacted | Items Picked up |
| Date: | Date: | Date: | Date: | Date: |
| CAN Staff: | CAN Staff: | CAN Staff: | CAN Staff: | CAN Staff: |

Scheduled for pickup on ___/___/___ at ___:___ am / pm

Partner notified of scheduled pickup date on ___/___/___ by _____

Partner Representative Signature: _____