

# Central Valley Blue Star Moms

## *Donation Box Location Information*

<b>Blue Star Mom Member Information</b>	
Name	
Preferred phone number	
Email address	
Relationship to box donation location (i.e., my workplace, my church, etc.)	
<b>Box Location Information</b>	
Name of site	
Address of site (please include city and Zip Code)	
On-site phone number	
Name of contact person at site	
Contact person's title (i.e., manager, secretary, principal)	
Contact person's email address	
Comments	
<b>Box Drop-off &amp; Pick-up Information</b>	
Will you need help delivering the box to the donation site?	<input type="checkbox"/> Yes      - <input type="checkbox"/> No
Will you need help picking up the box from the donation site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return completed form to:

CVBSM Packaging Drive

P.O. Box 1204

Clovis, CA 93613

Phone: 559-481-8BSM (559-481-8276)

Email: [CentralValleyBlueStarMoms@gmail.com](mailto:CentralValleyBlueStarMoms@gmail.com)