



# EMERGENCY KIT SHIPPING LABEL

Complete and glue or tape in the return address area on each box of kits.

Parish/Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Number of:  School Kits \_\_\_\_\_

Health Kits \_\_\_\_\_

Emergency Clean-up Buckets \_\_\_\_\_



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