TAYLOR FAITH MINISTRIES

Shoes Request Form

Your Name _____ Organization _____

Email _____ Phone # _____ Date _____

Gender of Recipient	Age of Recipient	Shoe Size	Shoe Age Group
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
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☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult
☐ Male ☐ Female			☐ Toddler ☐ Youth ☐ Adult