



AMPHI FOUNDATION

Clothing Bank

Referral

To be completed by Designated Staff Member
This referral is to be taken to the Clothing Bank

Date: _____ School: _____

Referred by (name & title): _____

Name: _____ Phone: _____
(Responsible adult/Relationship)

Instructions: For use of the Clothing Bank, the year has been divided as follows:

- A. (1) August-Sept (2) October-December (3) January-February (4) March-May
- B. Families may make 1 shopping trip each period for a total of 4 trips in an academic year.
- C. Families need only 1 referral issued, the first time they visit the clothing bank.

I am referring this student/students to the Clothing Bank. I have listed only those students attending Amphi schools and any younger siblings living in the same house. (Please cross all lines not used.)

Name: _____ Age _____

Name: _____ Age _____

School of Attendance _____

School of Attendance _____

Name: _____ Age _____

Name: _____ Age _____

School of Attendance _____

School of Attendance _____

Name: _____ Age _____

Name: _____ Age _____

School of Attendance _____

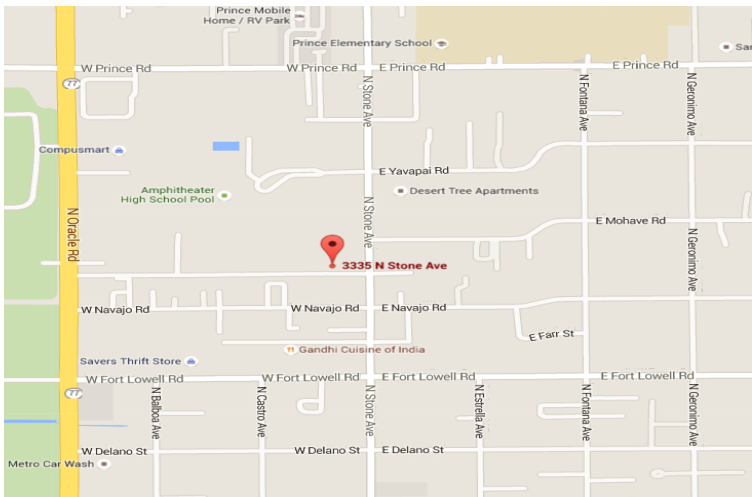
School of Attendance _____

Name: _____ Age _____

Name: _____ Age _____

School of Attendance _____

School of Attendance _____



Please note:

All clothes are donated, no guaranteed specifics.

Workers are volunteers, not paid employees.

Parents are responsible for the behavior of their children.

Amphi Foundation Clothing Bank
3335 N Stone Ave Tucson AZ 85705 520-696-5147

Updated: 7.3.23