



Layette Request Form

Agency/Parish _____ Date _____

Address _____

Delivery instructions? _____

Contact _____ Telephone _____ E-mail _____

Description of need:

Number of Layettes requested _____

Please email this form to:

**Sue Heller, sueheller909@gmail.com, (678) 521-6740 (cell) or
Sarah Scott, sarahscott85@gmail.com, (412) 523-9392 (cell) or**

- On request, we may be able to provide one umbrella stroller or portable crib.
- We cannot provide infant formula or perishable items.
- Deliveries will be made within two weeks.

Delivery made by _____ Date _____