



FLEETWOOD

Care Package Form

Please fill out and attach to the package prior to drop off

Drop Off Date: _____ Drop Off Time: _____

Dropped Off By (*print first and last name*): _____

Relation to resident: _____ Phone: _____

Package For (*resident's name*): _____

Building (*circle one*): HARRISON or HARRISON WEST Room # _____

At this time, we are able to accept one care package per resident each week. Care package must be no larger than the size of a standard paper grocery bag and should contain only the items listed in the categories below.

Please check the box/es that describe the items in this care package:

- Non-perishable, store-packaged, unopened items only
- Personal necessities such as toiletries - new, unopened items only
- Clothing - new and laundered
- Letters, pictures, cards, books or games