CHRISTMAS GIFT SHOP - PACKING LIST

DATE _____ UNIT NAME _____

CITY _____ UNIT NUMBER _____ DISTRICT NUMBER _____

NAME OF UNIT VA&R CHAIRMAN _____

UNIT CHAIRMAN'S ADDRESS _____

NUMBER OF GIFTS _____ TOTAL VALUE OF GIFTS $ _____

INSTRUCTIONS:

1) Please list the full **retail** cost of the gifts.
2) Multiply the quantity times the unit retail value to get Total Retail Value.
3) Fill in the number of items you are shipping and enclose **ONE COPY IN CARTON.**
4) Send **ONE COPY TO YOUR DISTRICT** Rehabilitation Chairman.
5) Keep **ONE COPY** for your Unit files.

NOTE: One self-addressed stamped envelope or postcard **must** be included to receive acknowledgment.

THE FOLLOWING ARTICLES ARE ENCLOSED:

QUANTITY	DESCRIPTION	TOTAL RETAIL VALUE