- For Office Use Only - Circle Container Used for Set of Items Below -

A B C D E F G

SHIPMENT FORM (Manifest/Packing Slip)

Parish Twinning Program Sea Container – APRIL 2010

SENDER (U.S. / Canada) - Parish Twinning Program

Person/Parish: _____

_____

Address: _____

City/St./Zip: _____

Phone: _____

E-mail: _____

RECIPIENT - HAITI (Use parish/church address--not priest's P.O. Box)

Person: _____

Parish/Org.: _____

Church Name: _____

City/Area/Diocese: _____ **Haiti W.I.**

Phone (if known): _____

E-mail (if known): _____

**** SEPARATE DIFFERENT TYPES OF THINGS INTO DIFFERENT BOXES. ****

(Fill in: Category List column, Total Per Category column, Grand Total line, and Shipping Cost line; use extra sheets if needed)

CATEGORY LIST OF CONTENTS OF BOXES (OR ITEMS) *List items by category (ex. "Medical supplies"). If you wish, list dimensions or box numbers (such as #4 thru 9 of 17 total).* *Please try to use the category descriptions listed on our "Suggested Items To Send" page.*	**TOTAL OF BOXES or ITEMS *PER CATEGORY***
GRAND TOTAL - NUMBER OF BOXES or ITEMS ➔ ➔ ➔	

SHIPPING COST *based on cubic volume (see Shipping Cost Worksheet)* ➔	**$**

Make your check out to: **Parish Twinning Program Sea Container**

If mailing your shipment to the warehouse, call us: **Attach form, check, & all labels to box #1. Mail to:** **PARISH TWINNING PROGRAM SEA CONTAINER** **c/o LOUISVILLE LADDER GROUP** **700 SWAN DRIVE** **SMYRNA, TN 37167 U.S.A.**	***If delivering your items in person to warehouse, call us & BRING:*** **1) Your check** **2) This form--filled out** **3) Cost Worksheet--filled out** **4) Your boxes w/taped labels** *** Keep copies of all documents**	***- For Office Use Only -*** ***Haiti Diocese Sticker Here***