



“It is in giving
that we receive.”
St. Francis of Assisi



Your donation to St. Mary's Franciscan Shelter can go directly to a family starting their New Beginning. Use this “registry” to choose the housewarming gift(s) you would like us to purchase, and then return this form with a check totaling those items.

Housewarming Gift Form

I'd like to “buy” the following gifts for a SMFS family starting anew:

Available Packages:

- ___ \$25 Cleaning Supplies
(broom, mop, cleaning and housekeeping supplies)
- ___ \$25 Tools *(tools, hardware)*
- ___ \$25 Personal Products
(shampoo, deodorant, toothpaste, soap, razor, other toiletries)
- ___ \$25 Family Fun *(games, cards, movies)*
- ___ \$25 Time Essentials
(wall clock, clock radio/alarm clocks)
- ___ \$25 Kitchen Kit *(utensils, small gadgets, pantry basics)*
- ___ \$25 Pillow Package *(bed pillows)*
- ___ \$25 Lighting Needs *(lamps, light bulbs)*
- ___ \$25 Garbage Cans & Bags *(all types)*
- ___ \$50 Dishware *(dinnerware for four)*
- ___ \$50 Pots & Pans
- ___ \$50 Stemware *(drinking glasses, coffee mugs)*
- ___ \$50 Baby Highchair
- ___ \$50 Baby Basics
(diapers, wipes, toiletries, formula, baby food)
- ___ \$50 Fans *(all types of room fans)*
- ___ \$50 Silverware *(silverware, knife set)*
- ___ \$50 Linens *(sheets & towels - four sets)*
- ___ \$50 Telephones
- ___ \$100 Carseat or Booster Seat
- ___ \$100 Vacuum Cleaner
- \$ _____ Please list amount
(Gift Certificates for Hair Cuttery & SuperCuts)
- \$ _____ Please list amount
(Gift Certificate for Lenscrafters)
- \$ _____ Please list amount
(Cell Phone Service Card)

Higher End Items ~ \$500

These are items our residents also need, and through donation from various companies and individuals, we would like to obtain them as well. If you can give the full amount or half, it would be appreciated.

- ⊗ Microwave
- ⊗ Kitchen table & chairs
- ⊗ Sofa/Loveseat
- ⊗ Chairs
- ⊗ Televisions
- ⊗ Various electronics
- ⊗ Various kitchen appliances
- ⊗ Bedroom Furniture
- ⊗ TV Stand

Total Donation Amount: \$ _____

Please make checks payable to SMFS.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

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