

CORNERSTONE ASSISTANCE NETWORK Network Partner Item Request

3500 Noble Ave. I Ft. Worth, Texas 76111 Senior Intake Case Manager

Data	
Date:	

Name of Network Pa	rk Partner: Contact Person:				
Contact E-mail:		Contact Phone	one:		
Quantities are limited and	d are given on a first-come, f	I, or e-mail it to Al Newton at irst-served basis. Upon receip st and to arrange a pick up if a	t of your request, we will c		
Item(s) Requested (specify quantity please):				Value (office use)	
1.				\$	
2.			\$	\$	
3.			\$	\$	
4.			\$		
Intended Use:					
being approved an	d/or distributed.	or warehouse must be		_	
being approved an	Request Reviewed:	Thrift Store Approval	Partner Contacted	Items Picked u	
being approved an Request Received Date:	Request Reviewed: Date:	Thrift Store Approval Date:	Partner Contacted Date:	Items Picked up	
being approved an	Request Reviewed:	Thrift Store Approval	Partner Contacted	Items Picked u	