

SOUTH VALLEY QUILT ASSOCIATION

P.O. Box 2348
Morgan Hill, Ca. 95038

www.svqa.org

Date of Request: _____ Date Needed: _____

Allow 45 days for response

School: _____ Grade: _____

Teacher Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

City, State, Zip: _____

Provide a description of class project:

Assistance/materials requested: (books, fabrics, equipment, etc.).

Signature