Tracking # _____

Cibolo Creek Quilters Guild (CCQG) Donation Submission Form

Date Submitted: _____ **For:** donation: _____ sale: _____

Charity Recipient: General: _____ **or** **Specific:** (if specific, please select below)

_____Cibolo Creek Nursing & Rehab Center
_____Town & Country Nursing & Rehab Center
_____Kendall County Women's Shelter
_____Hill Country Pregnancy Care Center
_____Quilts of Honor
Other: _____

Names of <u>all parties</u> assembling quilt to completion (sewist, quilter, binder, etc.)

_____

_____

Item:

_____Adult lap quilt
_____Teen lap quilt
_____Clothing protector
_____Neck warmer
_____Walker bag
_____Wheelchair quilt
_____Baby/Toddler (example: activity mat, cuddle quilts)
_____Twin size quilt
_____Quilt of Honor
_____Other (description) _____

Revised: April 1, 2025

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