

Personal Care Order

Name _____

Total Number of Household Members _____

Date _____

Total Children 5 yrs & under _____

Please indicate your choices by placing a ✓ on the line for the requested item.
Also please note supplies are limited and some items may not be available at this time.

Body Products

- _____ Bar Soap
- _____ Body Wash
- _____ Face Wash
- _____ Lotion
- _____ Q-Tips
- _____ Deodorant:

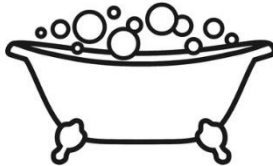


Number of Masculine Scent(s): _____

Number of Feminine Scent(s): _____

Shaving/Grooming

- _____ Razors
- _____ Shaving Cream



Hair Care

- _____ Adult Shampoo/Conditioner
- _____ Hair Products:

Hair Spray moose oil wax gel

Oral Care

- _____ Floss
- _____ Toothbrushes
- _____ Toothpaste
- _____ Mouthwash



Bathroom: Feminine & Incontinence

- _____ Tampons:
Light Regular Super
- _____ Sanitary Napkins:
Light Regular Super
- _____ Bed Pads
- _____ Incontinence Supplies:
Brief size: _____ Male | Female

Baby Care

- _____ Diapers/Pull Ups
Size(s) needed: _____
- _____ Wipes
- _____ Baby Lotion
- _____ Shampoo

Home Care

- _____ Toilet Paper
- _____ Kleenex Tissue
- _____ Dish Soap
- _____ Dishwasher Detergent
- _____ Laundry Detergent
- _____ Paper Towels
- _____ Household Cleaner

