



PACKING SLIP

Please copy and include with each of your mailings.

| | | |
|---|-----------------|---|
| NAME | | |
| KNITTING GROUP OR ORGANIZATION (IF APPLICABLE) | | |
| ADDRESS | | <input type="checkbox"/> This is a new address. |
| CITY | PROVINCE | POSTAL CODE |
| EMAIL | | |
| # OF ITEMS IN THIS SHIPMENT: _____ | | |

Send this completed slip along with your handmade items to:

World Vision
1 World Drive,
Mississauga, ON L5T 2Y4