

QUILT REQUEST APPLICATION FOR CHILDREN/ADULTS

DATE:

Name of person requesting quilt: _____

Reason for request (Diagnosis, date of diagnosis): _____

Is this quilt for someone other than yourself? If yes, for who?:

Male/female

Is this request urgent? Yes/no

Age of the recipient: _____

Who would be presenting quilt and where: _____

Favourite colours, favourite themes (animals, cartoon characters, superheros etc):

Is there anything special we should include on this quilt?

Any other information you wish to provide?

Please email request form to:

Julie Mercier Kuusilehto

Canada stitches

can@canadastitches.com