Coat Box/Bag Label

Box/Bag ____ of ____

Date:

Collection Name:

Your Name:

Number of coats in bag/box:

New York Cares Coat Drive Warehouse:

Hours for Drop Off: Monday – Friday (10-4pm) Address: 157 W 31st St, New York, NY 10001 Notes: Red bins will be available in loading dock

New York Cares Office:

Hours for Drop Off: Tuesday – Thursday (10-4pm) Address: 39 Broadway, Floor 27, New York, NY 10006

