



# Cassie's Art Closet

## Request for Art Supplies

Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe the type of art supplies you would like to receive. The more detail, the better!

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Send this form to:  
Cassie Sullivan  
2 Sheila Court  
Hamilton, OH 45013

Or email to:  
[cassiesartcloset@gmail.com](mailto:cassiesartcloset@gmail.com)