



**Criteria for Knots of Love Donations.**

**Date:** \_\_\_\_\_

- ✓ All creations must be made from the yarns on the Knots of Love approved list of yarns.
- ✓ Must be new.
- ✓ Thinner, seamless, non-lump beanies are good for sleeping and increased comfort.
- ✓ Beanies or Blankets should not be see-through or lacy.
- ✓ Creations must be fragrance, smoke, pet hair, and odor-free.
- ✓ All items must be washed and thoroughly dried.
- ✓ NICU Blankets should be no smaller than 30" x 24"

**Please send a copy of this form along with your creation(s) to:**

**Knots of Love  
615 Main St W #877  
Ashland, WI 54806**

☐ Knitter ☐ Crocheter Total number of items sent: \_\_\_\_\_

Beanie # \_\_\_\_\_ NICU Blankets # \_\_\_\_\_ PICC line covers # \_\_\_\_\_ Limb Huggers # \_\_\_\_\_

☐ My creations were lovingly laundered

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Brand of Yarn: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**ONLY ONE form with each batch of creations made from our required yarn list.**

**For Office Use Only**

\_\_\_\_\_ Called \_\_\_\_\_ Emailed



**Criteria for Knots of Love Donations.**

**Date:** \_\_\_\_\_

- ✓ All creations must be made from the yarns on the Knots of Love approved list of yarns.
- ✓ Must be new.
- ✓ Thinner, seamless, non-lump beanies are good for sleeping and increased comfort.
- ✓ Beanies or Blankets should not be see-through or lacy.
- ✓ Creations must be fragrance, smoke, pet hair, and odor-free.
- ✓ All items must be washed and thoroughly dried.
- ✓ NICU Blankets should be no smaller than 30" x 24"

**Please send a copy of this form along with your creation(s) to:**

**Knots of Love  
615 Main St. W #877  
Ashland, WI 54806**

☐ Knitter ☐ Crocheter Total number of items sent: \_\_\_\_\_

Beanie # \_\_\_\_\_ NICU Blankets # \_\_\_\_\_ PICC line covers # \_\_\_\_\_ Limb Huggers # \_\_\_\_\_

☐ My creations were lovingly laundered

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Brand of Yarn: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**ONLY ONE form with each batch of creations made from our required yarn list.**

**For Office Use Only**

\_\_\_\_\_ Called \_\_\_\_\_ Emailed