



SNAITH FAMILY ASD SENSORY PROJECT

3304 ADAMS ST, DAVENPORT, IA 52807

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563-271-8310 OR 563-271-8779



On This day, ____ of _____, 2025 we, the **Snaith Family ASD Sensory Project**, have provided the _____ with ____ Sensory Bags to equip ____ Ambulances. We also have given the Attached Copy of the Sensory Bag Agreement to the Service.

Although we do not want to charge any service if they cannot afford the charge, we will accept payment of \$35 for each bag given to help with production costs and furthering the mission of the Snaith Family ASD Sensory Project. Please do not feel obligated to pay for these bags. If your company would like to pay towards the bags given to them, please check yes below and insert amount that will be given for the bags.

☐ Yes, we will pay for the initial bags given to our company

☐ We respectfully decline to pay toward the bags and agree the bags are being donated to our company, with no obligation to purchase them

Payment of \$ _____ for _____ Sensory bags has been accepted. If there is payment accepted, we will provide a detailed invoice for the Bags.

We now accept credit card payments onsite with Square or you can also go online at www.snaithfamilyasd.com to pay for the bags. We do not charge for restock as we are just excited that the products are being used



Shawn Snaith

President



Elizabeth Snaith

Director