



Garment Care Form

Please complete the garment care form and place it in your delivery bag.

Name _____ Phone _____

1. Please describe the garment needing special attention:

2. Check all items that apply:

Garment has a stain/spot
What is the stain? _____
Location of the stain _____

Pant pressing
Crease _____ Do Not Crease _____

Replace a button
Where _____

Other
Instructions _____
