

Give a Kid a Backpack

Request Donation Form

Mail to:

Give a Kid a Backpack

P.O. Box 120397

Clermont, FL 34712

Fax 352-394-5018

Email: info@giveakidabackpack.org

NOTE: Request for donations must be received at least by the deadline

Today's Date: _____

Event Date: _____

Name of Nonprofit organization (no abbreviations please):

Contact Name: _____

Phone: _____ E-mail: _____

Address: _____

Title _____

Location: _____ Amount of backpacks: _____ Amount of school supply kit _____

Please explain your mission statement and how your request will be achieved (attach separate sheet to explain in more details):

How will your organization arrange shipping? _____

Number of clients served a year _____ Annual Operating Budget _____

Date requested donation needed by: _____

Does your organization operate a thrift store? Y N

Product donations cannot be used for fundraisers, raffles or auctions; given to volunteers or staff members; or sold in retail or thrift stores, flea market, eBay or in any manner.

MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE. OFFICE USE ONLY Date Responded: _____

Support Given: _____

Stock out form completed? Y or N Record and initial _____

THE ABOVE ORGANIZATION HAS BEEN APPROVED: Print Name: _____