

Buddy Bags

Dignity | Compassion | Hope

Donation Request Form

Name: _____ Date: _____

Company: _____

Address: _____

_____ Phone: _____

Email: _____

How would you prefer to Donate?

___ Donation Drive (Date preferred: _____, Location: _____)

___ Duffel Bags (Will you order and print bags or will Buddy Bags?) _____

___ Monetary Donation (Amount: \$_____, Check/Cash?)

___ Individual Items:

___ Gender Neutral Fleece Blankets Quantity: _____

___ Gender Neutral Stuffed Animals Quantity: _____

___ Hygiene Kits (Toothbrush, Toothpaste, Comb/Brush, Shampoo/Conditioner, Lotion) Quantity: _____

___ Activity/Coloring Books Quantity: _____

___ In-Kind Donations for Administrative Costs: _____

**All donations at this time are NOT tax deductible. We are in the process of completing the 501c3 paperwork to become a Non-Profit; when this is confirmed we will keep you informed.*

OFFICE USE ONLY:

Received by: _____ Date Received: _____

Monetary Donation Deposited? ___ Yes Date Deposited: _____ Cash? Y or N Check# _____

Notes: _____