

DATE: \_\_\_\_\_



## REQUEST FOR TOY DONATION

REQUESTING ORGANIZATION: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF DONATION DROP-OFF: \_\_\_\_\_

(CHOOSE ONLY ONE)

ORGANIZATION TO PICK UP: \_\_\_\_\_ REQUEST TO DROP OFF: \_\_\_\_\_

TOTAL NUMBER OF TOYS REQUESTED: \_\_\_\_\_

| BREAKDOWN OF TOY REQUEST: |  |         |  |
|---------------------------|--|---------|--|
| BOYS:                     |  | GIRLS:  |  |
| 0 – 2                     |  | 0 – 2   |  |
| 3 – 6                     |  | 3 – 6   |  |
| 7 – 9                     |  | 7 – 9   |  |
| 10 – 12                   |  | 10 – 12 |  |
| 13 & UP                   |  | 13 & UP |  |

*\*Note: Children 13 & Up will receive gift cards unless noted otherwise.*

**FOR OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

ASSIGNED ELF: \_\_\_\_\_