



BACKPACK REQUEST FORM

Due to our office no later than _____

Name of Agency or Organization: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID Number: _____

Agency/Organization Contact Person: _____

Email Address of Contact Person: _____

Date of Request: _____

BOYS	AGES	GIRLS
	Kindergarten	
	Grade School 1 st Grade to 5 th Grade	
	Middle School 6 th Grade to 8 th Grade	
	Highschool 9 th Grade to 12 th Grade	
	OTHER Please Specify	

Date Toys are Required: _____

Are you able to pick up the Backpacks & School Supplies? _____

-----Please do not write below this line, For official use only-----

Assigned To: _____ Date Supplies Distribution Completed: _____

Signature of Agency/Organization Representative: _____