**Donation Request – Grantee**

◾ Return completed form with Grant Application ◾

◾ Organizations within Maricopa County are expected to pick up their donation ◾

◾ Organizations are responsible for assembling Smile Bags from supplies provided ◾

◾ Smile Bag donations are limited to one request per organization per calendar year ◾

◾ For questions regarding supplies, contact Julie Roorda ([jroorda@deltadentalaz.com](mailto:jroorda@deltadentalaz.com) | 602-588-3980 ◾

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** | | | |
| *Organization Name:* | | *Today’s Date:* | |
| *EIN / Tax ID Number:* | *Website:* | | |
| *Address:* | | *City:* | *Zip Code:* |
| *Requestor Name:* | | *Requestor Title:* | |
| *Requestor Phone:* | | *Requestor Email Address:* | |
| *Supplies Contact Name:* | | *Supplies Contact Title:* | |
| *Supplies Contact Phone:* | | *Supplies Contact Email Address:* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Donation Information** | | | | |
| ***REQUESTED DATES MUST FALL WITHIN March 2023 — January 2024*** | | | | |
| *Date items needed:* | *Requested pickup date:* | *Is this for an event?*  *Yes*  *No* | *Complimentary shipping is available to organizations outside of Maricopa County* | |
| ***Will the supplies be used ONLY for grant activities?***  *Yes*  *No    (if no, please describe in detail below)* | | | *Ship to contact*  *Ship to address below:* | |
| *Additional activities/events where Smile Bags will be utilized (OTHER than grant program) –* ***include quantities:*** | | | *Name* |  |
|  | | | *Company* |  |
|  | | | *Address* |  |
| *Arizona County(ies) Served:* | | | *City, ZIP* |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Items and quantities requested** | | *For Internal Use* | | | | | | | | | | | | | |
| **Item Requested** | **Quantity** | *Qty pulled* | *Date Received:* | |  | | | | *Date Processed:* | | |  | | | |
| *Infant Toothbrushes* |  |  | *Logged* |  | | *Confirmed Pickup* | | | |  | *Direct Delivery* | | |  |  |
| *Junior Toothbrushes (4–8 years)* |  |  | *Grant allotment: $* | | | |  | *Total Value of Donation:* $ | | | | |  | | |
| *Youth Toothbrushes (8 years–Teen)* |  |  | ***Notes:*** | | | | | | | | | | | | |
| *Adult Toothbrushes* |  |  |
| *Youth Toothpaste* |  |  |
| *Adult Toothpaste* |  |  |
| *Floss* |  |  |
| *Bags* |  |  |
| *Education cards* |  |  |

5656 West Talavi Boulevard**◾**Glendale, AZ 85306**◾**602-938-3131**◾** www.deltadentalaz.com/foundation