**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 | 602-588-3980 ◾

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| --- |
| **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:*      |

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| **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* |       |

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| **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