



Donation Request – Community

DELTA DENTAL OF ARIZONA
FOUNDATION

Please complete and return this form to Julie Roorda
(jroorda@deltadentalaz.com or fax 602-588-3980)

Contact Information			
Organization Name		Today's Date	
EIN / Tax ID Number	Website		
Address		City	Zip Code
Contact Name		Contact Title	
Phone		Email Address	
Shipping Address (no PO Boxes) for organizations outside Maricopa County		City	Zip Code

Donation Information		
Requirements for Donation	Eligible organizations must reside in and serve communities within the state of Arizona. Dental health services, screenings, or oral health instruction must be provided with distribution of supplies. 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.	
	Date items needed	Requested pickup date
	Is this for an event? <input type="checkbox"/> No <input type="checkbox"/> Yes [date: _____]	
	Check services provided with distribution of supplies (please check all that apply) <input type="checkbox"/> Oral health instruction/education (required) <input type="checkbox"/> Nutrition services <input type="checkbox"/> Dental screenings <input type="checkbox"/> Dental cleanings <input type="checkbox"/> Dental sealants <input type="checkbox"/> Fluoride treatments <input type="checkbox"/> Restorative care <input type="checkbox"/> Referral to dental care <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	
	Describe who will provide services, screenings, or oral hygiene instruction/education, and how supplies will be distributed	
Underserved demographic reached <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Seniors	Geographic area (counties) served: <input type="checkbox"/> Apache <input type="checkbox"/> Cochise <input type="checkbox"/> Coconino <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> La Paz <input type="checkbox"/> Maricopa <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Yavapai <input type="checkbox"/> Yuma	

ITEM REQUESTED	QUANTITY*	Quantity approved	For Internal Use			
Infant Toothbrushes			Date Received		Date Processed	
Junior Toothbrushes (4–8 years)			Logged <input type="checkbox"/>	Confirmed Pickup <input type="checkbox"/>	Direct Delivery <input type="checkbox"/>	
Youth Toothbrushes (8 years–Teen)			Acknowledgment Received <input type="checkbox"/>	Total Value of Donation \$		
Adult Toothbrushes			Notes:			
Youth Toothpaste (Bubble Fruit)						
Adult Toothpaste (mint)						
Floss						
Bags						
Education cards						

***Please note:** Requests of 1000 or more Smile Bags may require additional documentation