



Donation Request – Community

DELTA DENTAL OF ARIZONA
FOUNDATION

Please complete and return this form to Julie Roorda
(jroorda@deltadentalaz.com or fax 602-548-5068)

Contact Information			
Organization Name		Today's Date	
EIN / Tax ID Number	Website		
Address		City	Zip Code
Contact Name		Contact Title	
Phone	Email Address		

Eligible Organizations must reside in and serve Communities within the State of Arizona.

Organizations are responsible for assembling Smile Bags from supplies provided.

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

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

Oral health instruction, screenings, or other dental health services are to be provided with distribution.

PLEASE NOTE!

Donation Information		
Date items needed (minimum: 1 month)	Requested pickup date	COMPLIMENTARY SHIPPING IS AVAILABLE TO ORGANIZATIONS OUTSIDE OF MARICOPA COUNTY <input type="checkbox"/> Ship to contact <input type="checkbox"/> Ship to address below
Is this for an event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Event date	
Purpose of Request (describe how supplies will be distributed and what oral hygiene education, screenings, or dental services will be provided to recipients)		Name
		Company
		Address
Population served	Geographic area (county) served	City, ZIP

Items and quantities requested		For Internal Use			
ITEM REQUESTED	QUANTITY*	Qty pulled	Date Received		Date Processed
Infant Toothbrushes			Logged <input type="checkbox"/>	Confirmed Pickup <input type="checkbox"/>	Direct Delivery <input type="checkbox"/>
Junior Toothbrushes (4–8 years)			Acknowledgment Received <input type="checkbox"/>	Total Value of Donation \$	
Youth Toothbrushes (8 years–Teen)			Notes:		
Adult Toothbrushes					
Youth Toothpaste					
Adult Toothpaste					
Floss					
Bags					
Education cards			include DDAZF table signs: # _____		

*Requests of 1000 or more Smile Bags must be accompanied by the Large Request Narrative form.

Large Request Narrative

***For dental supply donation requests of 1,000 or more Smile Bags
 Large Request Narrative must accompany the Donation Request form***

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Contact Information	
Organization Name	Today's Date
Type of Organization <input type="checkbox"/> Nonprofit <input type="checkbox"/> School <input type="checkbox"/> Government Entity <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Other (describe): _____	
Contact Name	Contact Title
Phone	Email Address

Program Information
1. Please provide a one-paragraph description of your program, including your plans to distribute the requested dental supplies (no more than 100 words).
2. Does your effort target uninsured residents of Arizona? Briefly explain.
3. How will you track the recipients of the dental kits?
4. What geographic area will your program reach?
5. Describe the timeline for distribution.
6. What dental services are offered along with the distribution of the dental supplies? <i>Please check all that apply.</i> <input type="checkbox"/> Oral health instruction <input type="checkbox"/> Fluoride treatments <input type="checkbox"/> Referral to dental care <input type="checkbox"/> Dental screenings <input type="checkbox"/> Dental sealants <input type="checkbox"/> Restorative care <input type="checkbox"/> Dental cleanings <input type="checkbox"/> X-rays <input type="checkbox"/> None of the above

Note: *Large Requests require additional processing time; please allow at least 6 weeks.*