



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.



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: include DDAZF table signs: # _____		
Adult Toothbrushes					
Youth Toothpaste					
Adult Toothpaste					
Floss					
Bags					
Education cards					

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