

**Organization Information**

*\*\* Please print and provide complete information\*\**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell or daytime number: \_\_\_\_\_

Donation for Event Location:     Los Angeles County     Orange County     San Diego

Please list Donations you will provide: *\*\*Use additional space on the back if needed\*\**

Donation Description	Quantity
Total Cash Value	\$

When will the donation items be available? \_\_\_\_\_

Will your organization deliver the items or is a pick up required? \_\_\_\_\_

Will people from your organization be able to volunteer the day of the event? \_\_\_\_\_

*\*\*Use additional space on the back if needed\*\**

Name	Position / Department	Times Available
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please mail completed donation form to SoCal Day of HOPE P.O. Box 270 Tustin, CA 92781**