



Soboba Gives Back Toy Drive

APPLICATION FOR TOY DONATION

DATE OF REQUEST: _____

NAME: _____ ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Is this a tax-exempt organization and/or activity? Yes 501 C 3# _____

No

Please describe how this donation will be used if approved:

Reason for Request - How many children will benefit? Do any of the children receiving toys attend a school in SJUSD* or HUSD*? Please include any other information you feel may be helpful in reaching a decision:

Did your organization receive assistance last year? _____ If yes, how many toys did you receive? _____

Office Use Only: DENIED _____ APPROVED _____ DATE _____ INITIALS _____

*San Jacinto Unified School District *Hemet Unified School District