



Children's Charities
Toy Donation Request Form

Date _____

Name of Organization _____

Address _____

City _____ Zip _____

Phone (____) _____ E-mail _____

Contact Name _____

Please provide a brief description of your organization _____

Ages of children you serve:

0-2 _____

3-5 _____

6-8 _____

9-11 _____

12 & up _____

Number of children served at this time _____

Percent of girls _____ Percent of boys _____

How long do children usually stay at your facility? _____

Can battery-operated gifts be given? Yes ___ No ___ Some ___

Can English language gifts be given? Yes ___ No ___ Some ___

How will the gifts be given out to the children? _____

Can someone from your organization pick up the gifts from our San Diego downtown office?

Yes ___ No ___

Can we list your organization's name on our web site and in our Magazine?

Yes ___ No ___

Nominated by _____

Fax to 619-685-6978 E-mail to publisher@sandiegofamily.com. Mail to: San Diego Family Magazine, Toy Charity Request, PO Box 23960, San Diego, CA 92193