



Date _____

Children's Charities of San Diego County Toy Donation Request Form

Name of San Diego County Organization _____

Address _____

City _____ Zip _____

Organization's Facebook address _____

Contact Name _____

Phone (____) _____ E-mail _____

Please provide a brief description of your organization _____

Number of children served at this time: ages 0-2 _____ 3-5 _____ 6-8 _____ 9-11 _____ 12 & up _____

Number of girls _____ Number of boys _____ total number of children _____

How long do children usually stay at your facility? _____

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

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

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

Can you provide a photo of the donation(s) being given out? Yes ___ No ___

Can someone from your organization pick up the toys from our San Diego downtown office? Yes ___ No ___

Can we list your organization's name on our website and in our magazine? Yes ___ No ___

Please **fax** back to 619-685-6978, **email** to publisher@sandiegofamily.com, or **mail** to San Diego Family, Toy Charity Request, 1476 6th Ave, 5th Floor, San Diego, CA 92101

Nominated by _____