

# Back to School Supply Drive Application

Nonprofit Organization: \_\_\_\_\_ EIN: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Supply Wish List:

_____	_____
_____	_____
_____	_____
_____	_____

Who will benefit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will your Nonprofit distribute supplies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please email completed applications to [ashley@ocalafoundation.org](mailto:ashley@ocalafoundation.org) by June 30th.

\*All approved nonprofits must pick up their supplies by August 8th from the Community Foundation for Ocala/Marion County office.

324 SE 24th Street, Ocala, FL 34471

