YES I WOULD LIKE TO HOST A DONATION DRIVE TO HELP CHILDREN THRIVE

Group or Company Name		Contact Name	
Email		Phone	
Street	City	State	Zip
DRIVE INFORM	ATION		
New items drive Gently-used items drive			
TYPE OF DRIVE:			
Back-to-School	Treats for Kids	Gift Card Dr	rive
Holiday Wishes	Toiletries	Children's Books	
Spring Treats	Baby Items	Other:	
Items you will be coll	ecting:		
Location of drive		Date(s) of drive	
Description of how do	onations will be solicite	d and collected:	
\$			
Estimated value of do	onated items Signatu	ire	Date
DROP-OFF INFO	ORMATION		
	s for Children of Browa	rd County	
Location #1 (our mailroom):		Location #2: (Guardian ad Litem Program)	
401 E. Las Olas Blvd. Suite 130-301		612 S. Andrews Avenue, Suite 1000	
Fort Lauderdale	e, FL 33301	Fort Lauderdale, FL 33	3301
Need for Voices for Desired date for	or Children of Broward	County to pick-up	
	this form to: Voices for Child	en of Broward County inf	o@voicesbroward.org













