

## Blanket Request Form

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

City State Zip

How many blankets are you requesting? \_\_\_\_\_

Do your clients have a type of blanket request? (ie: child size, twin bed, sleeping bag etc.)

\_\_\_\_\_

-----  
How many years have you received blankets from Volunteers of America

Oklahoma? \_\_\_\_\_

How many individuals are served by your organization? \_\_\_\_\_

Do you have data on the individuals you serve?

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Other: \_\_\_\_\_

VOAOK Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

