

www.giveshoes.org



Main Distribution Center  
315 Airport Road, Roanoke, AL 36274  
Phone (615) 391-5723 • Fax (615) 391-5730

## Distribution Request Form

Organization: \_\_\_\_\_ Date Established: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Distribution Location: \_\_\_\_\_ Distribution Date: \_\_\_\_\_

Name of shipping contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
Street City State Zip

Billing Address: \_\_\_\_\_  
Street City State Zip

Shipping instructions: \_\_\_\_\_

Total # of Pairs Requested: \_\_\_\_\_ Size Range: \_\_\_\_\_

Description of Shoes Requested: \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children  
\_\_\_\_\_ Flips/Sandals \_\_\_\_\_ Casual \_\_\_\_\_ Athletic \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Organization's Purpose and Mission Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose/Need for Footwear – How will it make a difference? (use additional pages as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

\_\_\_\_\_ Partnership Agreement On File # of Pairs Approved: \_\_\_\_\_

Quantity by Gender: Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_

Timeline for processing/shipping: \_\_\_\_\_