

www.giveshoes.org



World Headquarters
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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: _____
(Attach Additional Pages, If Necessary)

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: _____