**Partner Charity Profile**

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| **Name of Charity:**  |
| **Address:** |
| **CRA Charity Registration #:** |
| **Purpose/Mission:** |
| **What population does your charity serve?**  |
| **How many socks are distributed per month from your charity?** |
| **How do you distribute the socks to those in need (i.e. outreach van, clothing room)?** |
| **Is your charity able to pick up sock donations at 150 Spinnaker Way, Concord, ON Canada L4K 4M1?** |
| **How many socks are you requesting right now? (Please indicate # in multiples of 60)** **Number of male socks:** **Number of female socks:**  |
| **If socks are to be delivered to a different address than above, please provide delivery address:** |
| **Who should Just Socks contact as the primary liaison at your charity?**  **Name:**  **Position/Job Title:** **Phone number:** **Email address:** |
| **Date:**  |

**For Further Information please contact:**

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