

# “67 Blankets for Nelson Mandela Day” Beneficiary Request Form

This form is to be completed and submitted to [info@67blankets.co.za](mailto:info@67blankets.co.za) for approval prior to distributing any blankets and/or yarn to beneficiaries. Kindly provide ALL the information requested. Mandatory fields are indicated by an \*. Failure to provide detailed information may result in your application not being considered.

Beneficiary Details			
Company Name*		NPO # (if applicable)	
Company Landline #		Delivery Address*	
Web Site Address	www.		
Beneficiary Contact Person 1			
First Name*		Last Name*	
Mobile Number*		eMail Address*	
Beneficiary Contact Person 2			
First Name		Last Name	
Mobile Number		eMail Address	
Details of Person Submitting the Request			
First Name*		Last Name*	
Mobile Number*		eMail Address*	

**Please specify blanket size and quantity you are requesting:**

<b>Blanket Size*</b>	Small Baby	Medium Child	Large Adult
<b>Quantity*</b>			

*We will do our very best to accommodate your requirements. However, this is entirely dependent on availability at the time of your request.*

<b>MOTIVATION – why should this organisation or beneficiary be a recipient? Please also send any substantiating documentation that may be of interest to us.</b>						
<b>When do you propose distributing these items to the beneficiary?</b>						
Please indicate the % demographic split of the people who will be recipients of these blankets*		<b>Black</b>	<b>Coloured</b>	<b>Indian</b>	<b>White</b>	<b>Other</b>
		%	%	%	%	%
Approved	Yes	No	Comments:			
Approved by name:						
Approved by signature:						
Approved date:						