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

This form is to be completed and submitted to 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.

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| **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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Blanket Size\*** | SmallBaby | MediumChild | LargeAdult |
| **Quantity\*** |  |  |  |

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

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