**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 40 Hereford Street, Brampton ON L6Y 0N3(Near Steele’s & Meadowvale Blvd)? (This helps us keep our costs down and more of the money raised goes towards socks)  |
| 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:**

**Katie Alderdice**, *Administrator*, Just Socks Foundation

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