**Partner Charity Profile**

|  |
| --- |
| **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:**

**Katie Alderdice-Smith**, *Manager*, Just Socks Foundation

[katie@justsocks.ca](mailto:katie@justsocks.ca)