READY FOR CHANGE

MEETING REAL NEEDS, ONE DRIVE AT A TIME.

COMMUNITY PARTNERSHIP FORM

Thank you for partnering with Ready for Change!
Your responses help us organize a drive that makes a real impact.

1. ABOUT YOUR ORGANIZATION

Organization Name: _____

Contact Person: _____

Title/Role: _____

Email: _____ Phone: _____

Website (optional): _____

2. YOUR GREATEST NEED

What is the ONE greatest need that would make the biggest impact right now?

_____

Why is this need important right now? (2–3 sentences)

_____

_____

What specific items would you like us to collect? (Please list)

_____

3. DRIVE GOAL

If Ready for Change organized an initial community drive for your organization, approximately how many items would make a meaningful impact?

☐ 10 – 25 items ☐ 25 – 50 items ☐ 50 – 100 items

☐ Other: _____

If we exceed your requested amount, would additional items still be helpful?

☐ Yes ☐ No ☐ Please contact us first

4. TIMELINE

When would you ideally like to receive the donations? _____

Is there a specific date by which items are needed? _____

5. DELIVERY INFORMATION

Where should donations be delivered? _____

Who should we coordinate with upon delivery? _____

Are gently used items acceptable?

☐ Yes ☐ No ☐ Some items (please specify): _____

Thank you ♥ for helping us meet real needs and create change together!

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Page 2: Item list & additional notes

SPECIFIC ITEMS TO COLLECT

Please list each item, with sizes or quantities if you know them.

ANYTHING ELSE WE SHOULD KNOW?

Drop-off hours, parking, special requests, or other notes.

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