



Cribs for Kids® Campaign Application Form

Instructions: Print this form and fill it out in its entirety. Then sign and mail to Cribs for Kids, 810 River Avenue, Suite 250 Riverfront Place, Pittsburgh, PA 15212. You may use additional sheets of paper if necessary.

Name and Title of Contact Person: _____

Organization Name: _____

Address: _____

Phone: () _____ **Fax:** () _____

Email: _____ **Web Address:** _____

Tax ID# (EIN): _____ **Date of Incorporation:** _____

Scope and mission of your organization:

Describe how Cribs for Kids will further the mission and focus of your organization:

What community resources are available that will enhance the Cribs for Kids program (i.e., funding for cribs, home visiting agencies, etc.)?

Name, title and signature of authorized applicant **Date**