

# SOLES4SOULS

www.soles4souls.org  
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## Distribution Request Form

Organization: \_\_\_\_\_ Date Established: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Distribution Location: \_\_\_\_\_ Distribution Date: \_\_\_\_\_

Name of shipping contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Street City State Zip

Billing Address: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Shipping instructions: \_\_\_\_\_

Total # of Pairs Requested: \_\_\_\_\_ Size Range: \_\_\_\_\_

Description of Shoes Requested: \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children  
\_\_\_\_\_ Flips/Sandals \_\_\_\_\_ Casual \_\_\_\_\_ Athletic \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Organization's Purpose and Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose/Need for Footwear – How will it make a difference? (use additional pages as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Office Use Only

\_\_\_\_\_ Partnership Agreement On File # of Pairs Approved: \_\_\_\_\_

Quantity by Gender: Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_

Timeline for processing/shipping: \_\_\_\_\_