



Rebuilding Together - Portland
Non-Profit Organization Referral Form – April 2010
(Please Print or Type)

Name of Non-profit organization(s): _____

Address: _____

Phone: _____ How long at this address: _____

Monthly Income: _____ Source: _____

This non-profit assists with: Elderly: _____ Disabled: _____ Low-Income: _____ Children: _____ Other: _____

Please describe assistance: _____

Pertinent information concerning organization situation and general condition of the facility: _____

Number of people using this facility: _____

Description of the work the organization needs (be as specific as possible): _____

Is the non-profit organization aware of this referral: _____ (Use reverse side for additional info/comments)

- ** Please explain that:
- 1.) this is a one-day program and all the work is done by volunteers
 - 2.) this referral does not guarantee acceptance into our program,
 - 3.) all requested projects may not be provided
 - 4.) services are provided at no cost to the non-profit organization

Name of person submitting this referral: _____

Agency: _____ Phone: _____ Date: _____

PLEASE SEND THIS FORM **ASAP** TO:

Rebuilding Together - Portland
5000 N. WILLAMETTE BLVD.
PORTLAND, OR 97203 (Office) 943-7515 (fax) 943-7322
e-mail: MikeMalone@rebuildingtogetherportland.org
www.rebuildingtogetherportland.org