

**VENDOR REQUEST FORM**

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| **Agency Name:**  |
| **Contact Name/Title:**  |
| **Phone:**  | **Email:**  |
| **Address:**  |
| **City:**  | **State:**  | **Zip:**  |
| **I would like to particpate at**  (Choose all that apply) |
| [ ]  Northeast Health Center August 2, 2018, 3 pm – 6 pm908 E 16th St, Wilmington, DE 19802 | [ ]  Dover Health CenterAugust 23, 2018, 3 pm - 6 p.m.1020 Forrest Avenue, Dover, DE 19904 |

**Please provide a brief description of the service or information you will provide:­­­­­**

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**Please indicate what school supply you would like to provide to the children in attendance.**

(NOTE: approximately 300 items needed)

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**PLEASE EMAIL, FAX, OR MAIL FORM**

**Return by July 20, 2018** (one form is sufficient to participate in both events)

**Westside Family Healthcare**, External Affairs

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