



Agency Information

Agency Name: _____
Contact Name: _____
Phone #: _____ Fax #: _____
Agency Website: _____
Email Address: _____

Voucher Request
(Maximum limit = Up to 3 vouchers per month, per agency.)

NEW VOUCHER REQUEST:

- Qty of Vouchers Requested: _____
- Mail Vouchers to:

**Please present a detailed summary of how these vouchers will be used by your agency.
Include your agency's mission statement.**

Agency Signature

Date

(To be completed by Goodwill of Greater Washington representative.)

Voucher #'s

Date Mailed

Please return application form with a copy of your agency's IRS 501c3 approval letter to

The Goodwill Samaritan Program ~ Goodwill of Greater Washington
2200 South Dakota Avenue NE
Washington, DC 20018

Fax: 202-715-2611

Questions?

Please call LaShawn Williams at 202-715-2638 or email her lashawn.williams@DCGoodwill.org