



Teen Kit Drive Event Form

Organization/School Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Organizer's Name: _____ **Title:** _____

Email: _____ **Phone #:** _____

Please complete the following and include with your event's donations. Send all items to ARVF within two weeks of your event. The items will be allocated directly to hospitalized teens.

NOTE: Any monetary donations must be sent in the form of a check or Money Order made payable to ARVF.

PLEASE DO NOT SEND CASH

Item Collected	Total
Girls Socks	
Lip Balm	
Playing cards	
Tic Tac Mints	
Fabric Markers	
Boys Socks	
Amazon Gift Card (s)	\$
Other (Please List):	

Comments

Mission Statement

The Alicia Rose Victorious Foundation is a national, non-profit organization providing age-appropriate programs and activities for children and teens receiving treatment for cancer and other life-threatening illnesses.

EIN#: 14-1859173

www.victoriousfoundation.org

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ARVF is a tax-exempt charitable organization under the 501(c)(3) Internal Revenue Code and is registered with the Attorney General of the State of New Jersey.