



**Rebuilding Together Portland**  
**Non-Profit Organization Referral Form – 2020-2021**  
(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 be aware 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 TO:

**Rebuilding Together Portland**  
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