



‘Nearly Perfect Non-Profit Program’

Organization name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact person: _____

E-mail: _____

Web site: _____

Description of organization and services provided:

Are you a 501-3c? yes / no

Please provide a brief listing of the types of items needed:

Authorized Signature: _____ Title: _____

Application Date: _____

Mail to:

Ngan Le
DirectBuy of Providence
222 Metro Center Blvd Suite 2
Warwick, RI 02886