



# ***Bake a Difference***

## ***Referral Form***

***All referrals must be received at least one week prior to the date needed.***

**(Due to the demand of cakes and limited volunteers, we do ask that you only refer children who would not otherwise have a birthday cake for their special day)**

Date of Referral - \_\_\_\_\_

Name of Referral Person - \_\_\_\_\_

Referral Person's contact information – phone number \_\_\_\_\_

Email - \_\_\_\_\_

Name of Referring Agency - \_\_\_\_\_

Address of Referring Agency - \_\_\_\_\_

\_\_\_\_\_

Date and time the Goodies are to be delivered

- \_\_\_\_\_

All the goodies will be delivered to the referring person and agency. We will not deliver directly to the home.

Child's First Name - \_\_\_\_\_

Child's Date of Birth - \_\_\_\_\_ Age of the Child on this Birthday - \_\_\_\_\_

Please choose one:

\_\_\_\_ Birthday cake      \_\_\_\_ 24 Cupcakes      \_\_\_\_ 24 CakePops

\_\_\_\_ 24 CakeSickles      \_\_\_\_ 24 Brownies      \_\_\_\_ 24 Cookies (variety)

Please choose one cake flavor:

\_\_\_\_ Chocolate      \_\_\_\_ White      \_\_\_\_ Yellow

\_\_\_\_ Other Please specify flavor \_\_\_\_\_

What message would you like on the cake?

*For Example – Happy 14<sup>th</sup> Birthday Joe!*

**\*\*\* PLEASE LIST ANY AND ALL FOOD ALLERGIES\*\*\***

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**\*\* All goodies are baked in private kitchens by our team of volunteers. Some special requests due to allergies and our availability of volunteer bakers, may have to be denied as cross – contamination could occur. \*\***

**Has the parent/guardian been made aware of this referral? Yes or No**

**Please let us know if we need to contact the parent or guardian should they have any questions or concerns.**

**Parent or guardians contact information (please complete ONLY if the parents would like us to contact them with questions or concerns.**

**Name - \_\_\_\_\_**

**Phone or email - \_\_\_\_\_**

