



Children's Craniofacial Association Wonder Reduced Rate/Donation Request Form

1. Name of person making this Request: _____ Email: _____
Address: _____ Phone: _____
2. Name of school: _____ 3. Grade level(s) the book will be used: _____
4. Number of the books needed: _____
5. When will the books be needed: _____
6. Describe any character education programs implemented at your school: _____

7. Describe any anti-bullying initiatives in place at your school: _____

8. Are there any students attending your school who have a craniofacial condition? _____
9. What is the school's annual per pupil expenditure? _____
10. What is your school's percent of poverty students (as identified by free/reduced lunch count)? _____
11. Are the books being gifted to the students or being retained at the school for the future years? _____
12. Does your school have any funding available to pay for or to help offset costs of obtaining Wonder? _____

13. Are there any other factors CCA should consider regarding this request? _____

Please attach another page if you wish to share additional information

CCA requires a follow-up 6 months after the project is completed • Please allow 4 to 6 weeks to process your application.

Children's Craniofacial Association • 13140 Coit Road • Ste 517 • Dallas, TX 75240

214-570-9099 • 1800-535-3643 • FAX: 214-570-8811

www.CCAKids.org • Contact@CCAKids.com