

United Way of Tri-County Referral Form

Client Name: _____

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

Number of People in Family: _____

To Whom It May Concern:

Please accept this letter as a referral for the above-named person, who needs assistance from your organization from the program(s) indicated below:

- Pearl Street Cupboard & Café at Park
- United Way Distribution Services Warehouse Store

Organization: _____ Federal Tax ID: _____

Name of Person Making Referral: _____

Phone Number: _____

Signature: _____ Date: _____

Note: Nonprofit representatives must sign and provide phone number for us to verify client eligibility.



**Pearl Street
Cupboard and Café**

A United Way of Tri-County Community Connection

46 Park Street, 1st Floor
Framingham, MA 01702
508-370-4921



United Way Distribution Services
92 Blandin Avenue, Dock J1
Framingham, MA 01702
508-309-3027