HOLIDAY CARING & SHARING 2011

Name:_____ **Day Phone**_____

Address: _____ **Evening Phone**_____

Family Income:_____ weekly, monthly, yearly (circle)

Please list ALL persons living in home. List ages and school grade for children. For adults, please give income source (employer, Social Security, child support, etc).

NAME AGE(children) SCHOOL or INCOME SOURCE.

1._____

2._____

3._____

4._____

5._____

6._____

Use reverse side for additional members.

***Do you receive food monthly from the Bay Food Ministry*?____**

PLEASE MARK YOUR CALENDAR!

Holiday Caring and Sharing Shopping Event will be on

Wednesday December 21st from 9:30 am-Noon.

at the Communitv House

____I can pick up my food and/or gifts at the Community House 9:30 - Noon, December 21st.

___I cannot pick up my food and/or gifts. Please deliver it to my home between 12:30-2:30.
Call 899-3409 if you need alternate arrangements for delivery.

**Briefly describe the special circumstances regarding your family situation which will result in your family benefiting from the Holiday Caring and Sharing Program this year. This information is confidential and will not be shared with contributors of the program.

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