

HOLIDAY ASSISTANCE APPLICATION

Ministries Unlimited | 310 Collinsville Rd | Troy, IL 62294

In order to receive assistance for Thanksgiving and/or Christmas, please fill out this application, check holiday(s), and include all information requested or required (*). No one can receive assistance without completing an application.

DEADLINE: November 1st

Assistance Requested For: **Thanksgiving (Turkey)** **Christmas (Ham)**

Please PRINT CLEARLY

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Email*: _____

Total Family Members*: Adults _____ Children (age 18 and under) _____

Phone*: _____ Alternate Phone*: _____

Please Check Your Preference For Christmas Boxes

Check only one item per line.

Puzzle Book:	<input type="checkbox"/>	Sudoku	<input type="checkbox"/>	Crossword
Holiday Accessory Kit:	<input type="checkbox"/>	Cleaning Supplies	<input type="checkbox"/>	Baking Supplies
Drink:	<input type="checkbox"/>	Tea	<input type="checkbox"/>	Coffee

Signature and Approval

READ: Your signature and submission of this application provides your consent and approval that this information is valid and you agree that you can be contacted by phone, email or mail.

THANKSGIVING DELIVERY DATE: Families will be split between the two sponsoring churches.

SATURDAY NOVEMBER 23rd FROM 9:00 – NOON for Collinsville-Troy Church of Christ deliveries

SUNDAY NOVEMBER @ \$th From 10:00 – 1:00 for Troy Methodist Church deliveries

CHRISTMAS PICKUP DATE:

SATURDAY DECEMBER 14TH FROM 9:00 – NOON

BETHEL BAPTIST CHURCH

7775 COLLINSVILLE RD, TROY

APPLICANT SIGNATURE: _____

See Reverse Side for Family Information

FAMILY INFORMATION

<u>Family Member Full Name</u>	<u>Age</u>		
1. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: <u>SELF</u>	School: _____
Gift Suggestion: _____			
2. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
3. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
4. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
5. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
6. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
7. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
8. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
9. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			
10. _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M Relationship: _____	School: _____
Gift Suggestion: _____			

Please list any household needs that would help this holiday season: _____
