



Toy Drive

Giving Children Hope

Name _____

Address _____ City _____ Zip _____

Phone number _____

Family Information

Number of Children in Household _____ Number of Adults in Household _____

<u>Child Name</u>	<u>M/F</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Adult Name</u>	<u>Occupation/Employer's Name</u>	<u>Monthly Income</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

monthly income to include employment, unemployment, SSI/SSD, child support etc.

All the information provided is true and accurate to the best of my knowledge. My signature is my waiver of all liability against Betner-Gray Law Office and its affiliates in providing a service as a non-profit organization.

Signature _____

Date _____