

PLYMOUTH GOODFELLOWS APPLICATION CHRISTMAS 2018

You must live in zip code 48170 and have children under 18 years of age living with you to qualify. Please return completed form and required documents to **PLYMOUTH GOODFELLOWS, PO BOX 700912, PLYMOUTH MI 48170** by October 31.2018. **Request help from only one organization or Church** so that all needs may be met. You will be notified when your application is accepted.

PARENT/GUARDIAN_____

SPOUSE/PARTNER_____

ADDRESS_____ **E- MAIL**_____

PHONE NUMBERS(HOME/CELL)_____

| FULL NAME OF EACH CHILD | AGE | M/F | SCHOOL and GRADE |
|--------------------------------|------------|------------|-------------------------|
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |

BRIEFLY DESCRIBE THE SITUATION THAT CREATES YOUR NEED FOR CHRISTMAS HELP THIS YEAR.

INCLUDE PROOF OF ADDRESS (copy of utility bill, DHS letter, driver's license, rental agreement).

INCLUDE PROOF THAT EACH CHILD LIVES AT ABOVE ADDRESS. (copy of recent report card, MIHEALTH card, DHS letter, custody or guardian papers).

I GIVE PERMISSION TO THE PLYMOUTH GOODFELLOWS TO SHARE MY FAMILY INFORMATION WITH THE SALVATION ARMY. ALL THE ABOVE INFORMATION IS CURRENT AND TRUE.

SIGNATURE:_____

PLEASE COMPLETE SECOND PAGE FOR CHILDREN UP TO AGE 12

Christmas wish list

CHILD #1

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY #1

TOY #2

CHILD #2

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY #1

TOY #2

CHILD #3

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY #1

TOY #2

CHILD #4

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY #1

TOY #2

CHILD #5

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY # 1

TOY #2

CHILD #6

SIZE

FAVORITE COLOR

CLOTHING ITEM #1

CLOTHING ITEM #2

TOY #1

TOY #2