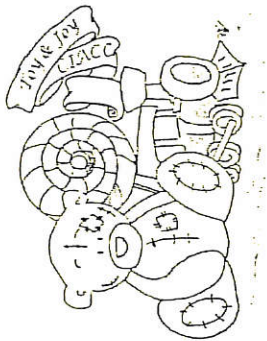


# 2017 Request for Holiday Food Box

LIMITED TO FIRST 400 APPLICATIONS



INCOMPLETE OR DUPLICATE REQUESTS MAY NOT BE PROCESSED - ONE FORM PER ADDRESS

Applying through: NC12 Wichita Family Support Date -2017  
 Contact Person: \_\_\_\_\_ Phone (503) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

Compassion in Action of Clackamas County/Toy & Joy Clackamas County (CiACC) and the affiliated organizations will attempt to distribute food, and toys/games/gifts for children (when available) to the low-income, elderly, handicapped residents of Clackamas County, Oregon.

street address	apt #	city	zip
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PLEASE PRINT CLEARLY

telephone numbers (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and/or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(multiple requests may result in non-service)

**ALL REQUESTED INFORMATION IS REQUIRED !!!!**

**LIST INFORMATION FOR ALL INDIVIDUALS AT THIS ADDRESS**

LAST NAME <i>ADULT PERSON APPLYING</i>	FIRST NAME	SEX (circle 1)	AGE	Birth Date month/day/yr	Children 10 and under.. toy request
1		F	M		toys can not be guaranteed
2		F	M		
3		F	M		
4		F	M		
5		F	M		

**APPLICATION DEADLINE:** December 5, 2017 -- Holiday boxes will be delivered to your home on Saturday, December 16th.

We are limited to 400 households on a first-come, first-serve basis. Additional families will be kept on a waiting list.

(continue listing household members on back) \_\_\_\_\_ Signature on back required.

**YOU MUST BE HOME TO RECEIVE YOUR BOX** \_\_\_\_\_ Deliveries starts at 8 am

LAST NAME	FIRST NAME	SEX (circle 1)	AGE	Birth Date month/day/yr	Children 10 and under.. toy request
6		F			
7		M			
8		F			
9		M			
10		F			
11		M			

Comments/Requests:

Compassion in Action of Clackamas County - Holiday Box Program PO Box 197 Oregon City, Or. 97045

503-632-0562

revised 10-10

[ciacc@comcast.net](mailto:ciacc@comcast.net)

(Phone number courtesy of Beaver Creek Telephone)

By my signature below, I agree to hold CiACC, its officers, directors, agents, donors, and volunteer workers harmless of all liability, losses, damages, costs, or expenses arising out of the use of these donations. I further understand that completion of this form does not guarantee a holiday food box. This is determined on product availability and first-come first-served basis. CiACC may share the information provided herein and any images obtained with the clearinghouse partners, Adopt-A-Family and other such agencies for the holiday giving program for marketing materials. **I hereby certify that I have NOT applied through any other church or agency for similar services this Christmas. I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLETE CONTACT DATA AND NOTIFYING CiACC OF ANY CHANGES WHICH WILL BE USED FOR DELIVERY PURPOSES.**

\_\_\_\_\_

Applicant Signature (REQUIRED)

Agency: MILWAUKIE LIONS AND PORTLAND/MILWAUKIE ELKS Tom Hammond 503-593-8859

- - 2017

Date

