2022 Midland SHARING TREE: Gift Request Form

Completion of this form allows the release of your name, mailing address, phone number, date of birth and your gift request(s) to the Sharing Tree program by the organization or school listed below. Volunteers will view your information. We will try our best to keep this information confidential.

RETURN THIS FORM TO: ___Academic and Career Education Academy-Rebecca Jenkins___

DEADLINE: OCTOBER 3, 2022 to the agency above which will also be your GIFT PICK UP LOCATION. Do not file multiple applications with multiple agencies.

GUIDELINES:

+The agency or school that you received this form from should be where you or your immediate family receive services. Return form to that location by mail or in person. The form will not be accepted if you are not served by the organization listed.

+If you select the school your child attends, return the form to the school's main office.

+Family members over 18 years of age must complete and sign a separate form.

+To qualify for the Sharing Tree program, individuals and families must meet income guidelines of the selected agency or school and live in Midland County.

+One person per form. If additional forms are needed, contact The Salvation Army or the agency/school.

For further information, call THE SALVATION ARMY at (989) 496-2787; Matt Place x5505.

GIFT RECIPIENT INFORMATION: Please fill out completely

First Name_____ M.I._____ Last Name _____

Phone_____Alternate Number_____

Address_____City_____ZIP_____

Township_____Date of Birth_____Age on Christmas Day_____Male or Female_____

SHARING TREE TAG INFORMATION: Please fill out completely. Provide clothing number size & letter size. Ex: 14 Large Women's

Shirt_____ ☐ Infants (months) ☐ Toddlers(T) ☐ Boys ☐ Girls ☐ Juniors ☐ Misses ☐ Women's ☐ Men's

Pants_____ ☐ Infants (months) ☐ Toddlers(T) ☐ Boys ☐ Girls ☐ Juniors ☐ Misses ☐ Women's ☐ Men's

Shoe size_____ ☐ Infants (months) ☐ Toddlers(T) ☐ Boys ☐ Girls ☐ Women's ☐ Men's

1st Choice Gift: (Description should include color, style, name of toy, etc. Maximum gift value is $30.

_____

_____ Gift Price: _____

2nd Choice Gift: (Description should include color, style, name of toy, etc. Maximum gift value is $30.

_____

_____ Gift Price: _____

NO GIFT CARD REQUESTS EXCEPT FOR HELP WITH HEATING, ELECTRIC, PHONE BILL. GASOLINE OR PRESCRIPTIONS .Include name of supplier in the first or second gift choice above.

Signature of Parent/Guardian/Custodial Parent for minors: Date _____

x_____   Printed Name_____

Relationship_____

OFFICE USE ONLY: Tag Number_____Family ID_____ Total Family Members_____

Case Manager_____ Other Info_____

PLEASE RETURN THIS TO THE AGENCY/SCHOOL LISTED AT THE TOP OF THIS FORM