

2020 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. This information will be kept confidential.

RETURN THIS FORM TO ACEA - Becky

DEADLINE: OCTOBER 29, 2020 to the agency above which will also be your GIFT PICK UP LOCATION..

GUIDELINES:

+The agency or school that you received this form from should be where you or your immediate family members receive services. Return this 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 x109.

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 Womens.

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