PORTLAND COMMUNITY HOLIDAY GIVING PROGRAM APPLICATION
RELEASE OF INFORMATION

RETURN TO: City Hall or MAIL TO: P.O. Box 524, Portland, MI 48875

Local organizations, individuals, churches, and clubs ask for the names of people to whom they may give a gift. Completion of this form allows the release of your names of your family, to these organizations. The information on this form may be shared with these organizations. If you have any questions, please contact **Lisa Balderson 647-4077 or Julie Balderson 647-7752.**

Household Information

www.portlandcommunityfund.org

Name (Last, First)	**Phone Number (Where you can be reached)** ( )	**School District**

Street	**City**	**Zip**

SSI Case # (if Applicable)	**Source of Income: Employment, FIP, Food Stamps, Veteran's Benefits, Others:**

Are there any special family needs? (Dietary, Disability, Pregnancy, Illness)

Household Member Information (No gifts are provided to adult members of household over 18 years of age)

Name (Last, First) Adult Must be over the age of 18.	**M / F**	**Age**		**Name (Last, First) Adult** Must be over the age of 18.	**M / F**	**Age**

Children Information (Must be resident of household)

Name (Last, First) Children Must be 18 years of age or under. Example:	**M / F**	**Age**	**Clothing Size -** Please list correct clothing size: infant, children, misses, women or men.	**Boot Size -** Please list correct boot size: infant, children, women or men.	**Gift Suggestions** – Please list 2 gifts under $25.00 that your child would like. This includes Clothing and Toys.
Miller, Sara	**F**	**9**	**9 – Misses or XL**	**9 – Women**	**Books and Shirts**

Please include the names of additional household members on the back of this form.

Signature of Adult	**Date**

The Portland Community Fund will not discriminate against any individual or group because of race, sex, region, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

RESPONSE: Voluntary. Completion of this form does not guarantee receipt of a gift.

PENALTY: 1) If not completed family will not receive gift distribution. 2) Falsification of information may result in removal from the community giving program.

PCF (rev. 09/08)

NO APPLICATIONS WILL BE ACCEPTED AFTER NOVEMBER 20, 2008