

PORTLAND COMMUNITY HOLIDAY GIVING PROGRAM APPLICATION RELEASE OF INFORMATION
RETURN TO: City Hall or MAIL TO: PCF, P.O. Box 524, Portland, MI 48875

Please read: Distribution pickup is Friday, December 16th, Post Card will be mailed to you. You will not be able to collect from Toys 4 Tots in Ionia County. Applications are only available to residents within the Portland School District. Applicants must be a resident of your household. We will only accept one application per address / per child. Completion of this form allows the release of the names of your family, to organizations within Ionia County. If you have any questions, please contact **Lisa Balderson 517-930-1651 or Sandy Klein 517-526-0529.**

Household Information		www.portlandcommunityfund.org	
Name (Last, First)	Home Phone ()	Cell Phone ()	School District
Street		City	Zip

Are there any special family needs? Please ✓ the following:

- Pregnancy: Due Date: _____ Diabetic Dietary
 Allergies Vegetarian Others: _____

Internal use only:

Adult Household Member Information (No gifts are provided to adult members of household over 18 years of age)								
Name (Last, First) Must be over the age of 18	M / F	A g e	Date of Birth		Name (Last, First) Must be over the age of 18	M / F	A g e	Date of Birth

Children Information (Must be resident of your household). Gift Suggestions: Please list 2 gifts under \$25.00 for your child.							
Name (Last, First) Children Must be 18 years of age or under.	M / F	A g e	Date Of Birth	School Attending (West, Oak, PMS, PHS or St. Pats)	Shirt Size	Pant Size	Toy or Gift Suggestion

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

<p>The Portland Community Fund will not:</p> <ol style="list-style-type: none"> 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 the DHS office in your county. Be held responsible for any illness or injury caused by lead based materials that may be inadvertently included in the Giving bags. By accepting this food donation, I agree to use all food for my family or return it to the Portland Food Pantry. 	<p>RESPONSE: Voluntary. Completion of this form does not guarantee receipt of a gift.</p> <p>PENALTY: 1) If not completed family will not receive gift distribution. 2) Falsification of information may result in removal from the community giving program.</p>
<p>Signature/ Date of Applicant: Signature _____ Date: _____</p>	<p>Signature / Date other than Applicant: Signature: _____ Date: _____</p>
<p>Internal use only at Pickup: Print Full Name: _____ Phone Number: _____</p>	<p>Internal use only at Pickup: Signature: _____ Date: _____</p>