

**2019 CHRISTMAS GIVING PROGRAM - PORTLAND COMMUNITY FUND ASSOCIATION  
APPLICATION & RELEASE OF INFORMATION**

**Return this form by: MONDAY NOVEMBER 18<sup>th</sup> to: City Hall or Mail to: PCFA, P.O. Box 524, Portland, MI 48875**

Completion of this application is only available to **RESIDENTS within the Portland School District** and will *not* allow you to collect from Toys 4 Tots in Ionia County. List only applicants that **reside at the address you list below, being your Portland household**. PCFA only accepts one application per address per child (example two families live together in one home, complete only **one** application) Completion of this form allows the release of the names listed below, to organizations within Ionia County.

PCFA will mail out a postcard, to the address you listed below the first part of December. It will provide further details of the **Christmas distribution pickup date of THURSDAY, December 19<sup>th</sup>** at the Knights of Columbus Hall on Maynard Rd, Portland.

If you have any questions, please contact **Lisa Balderson 517.930.1651 or Sandy Klein 517.526.0529**



**: Portland Community Fund**

Household Information							
Name (Last, First)		Cell Phone ( ) ( )		Home Phone ( ) ( )		School District	
Street				City		Zip	
Does your family want to receive the food donation to make a Christmas dinner? If you circle NO you will not receive any food; only Christmas Gifts for the children.				Circle One <u>YES</u> <u>NO</u>			
Any special family needs? <input checked="" type="checkbox"/> the following: <input type="checkbox"/> Pregnancy: Due Date: ___/___/___							
<input type="checkbox"/> Diabetic <input type="checkbox"/> Dietary <input type="checkbox"/> Allergies <input type="checkbox"/> Vegetarian							
Others:							
PCFA internal use only:							
Adult Household Members - Must be over the age of 18 (No gifts are provided to adult members of household)							
Name (Last, First)	M / F	A g e	Date of Birth	Name (Last, First)	M / F	A g e	Date of Birth
1				5			
2				6			
3				7			
4				8			

**List minor children information on the back of this form**

<p>The Portland Community Fund will not:</p> <p>1) 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.</p> <p>2) 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>	<p><b>RESPONSE:</b> Voluntary. Completion of this form does not guarantee receipt of a gift.</p> <p><b>PENALTY:</b> 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: Phone # ( ) - Signature: Date:</p>	<p>Internal use only at Pickup: Print Full Name: Phone Number:</p>
<p>Signature / Date other than Applicant: Phone # ( ) - Signature: Date:</p>	<p>Internal use only at Pickup: Signature: Date:</p>

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*All children (18yrs old and younger) listed below **MUST RESIDE** at the address you listed on the front page.*

*For children that **DO NOT RESIDE** within PPS district but attend under "School of Choice" you may apply for Toys 4 Tots or other programs within the city / county they reside for assistances, thank you for your cooperation.*

NAME (LAST, FIRST)	A G E	DATE OF BIRTH	MALE / FEMALE	-SCHOOLS- ST PATS OAKWOOD WESTWOOD PMS, PHS OR PACE	SHOE SIZE	PANT SIZE	SHIRT SIZE	HELP US PROVIDE MORE SPECIFIC GIFTS ■ \$25 VALUE GIFT / TOY FAVORITE COLOR – THEMES - LIKES OR DISLIKES
1								
2								
3								
4								
5								
6								
7								
8								