2022 CHRISTMAS GIVING PROGRAM - PORTLAND COMMUNITY FUND ASSOCATION
APPLICATION & RELEASE OF INFORMATION

Return this form by: Tuesday *NOVEMBER 15th*

Drop-off @ City Hall**, Mail to:** PCFA, P.O. Box 524, Portland, MI 48875 **or Email to:** pcfainfo@gmail.com

Completion of this application is only available to ***RESIDENTS within the Portland School District*** and will *not* allow you to collect from Ionia County Toys 4 Tots. List only those who currently **reside at the address.** PFCA will provide one Christmas dinner per household and gifts for minor children. **A copy of Proof of Guardianship (birth certificate or DHS are ideal) for each child must be returned with this application.** PCFA will send out acknowledgements to applicants via email or postcard via USPS address listed below the first week of December providing further details about picking up of **Christmas - THURSDAY, Dec 15th** 3pm-6pm at **Church of the Nazarene** – 9466 Cutler Rd, Portland MI. Questions call ***Julie Dumas 517.719.2514 or Beth Theis 517.490.9710***

Email: Pcfgainfo@gmail.com *: Portland Community Fund* Page 1 of 2 -- Internal Use Only: _____

Applicant Information

Name (Last) (First)	Cell Phone ( )	Email	Pickup Time Slot

Household Street Address	City	Zip

1. **Pickup will be between 3pm – 6pm. What time do you prefer?** 3-4pm ___ 4-5pm ____ 5-6pm ___
2. **How many people reside at the above address?** **Adults** ____ **Minors** _____ **Total** _____
   (This number is needed to determine food donation for Christmas dinner on next question)
3. **Does your child/children receive from the Portland Backpacks for Bellies?** **Circle one** ***YES*** ***NO***
   (If yes how many children? (all or only elementary and not HS level) _____
4. **Special needs? √ the following:** ☐ Pregnancy: Due Date: ___/___/___ ☐ Diabetic

Parent Guardian Information (Only complete if you are requesting Christmas gifts for minor children)

Last Name	First Name	Relationship to	Child / children's first name
1			
2			
3			
4			

The Portland Community Fund Association will not: 1) Discriminate against any individual. **2)** Be held responsible for any illness or injury caused by donated food or gifts provide within the Christmas Giving Program.

Signature of Application below agrees that all information provided within this two-page document is correct and not fraudulent:

Signature _____ **Print Last Name** _____**First**_____**Date**___/___/____

PICKUP - Internal use only:
Accepting these gifts and food donations I agree to use only for those individuals listed within this application or I will return to PCFA.

Signature _____**Print Last Name** _____ **First** _____ **Date** ___/___/____

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All children (18yrs old and under) listed below MUST RESIDE at the address you listed on page one.

For children that DO NOT RESIDE within PPS district but attend under "School of Choice" are not eligible.

You may contact the Toys 4 Tots or other programs of their residence for assistances, thank you for your cooperation.

MINOR CHILD / CHILDERN INFORMATION	AGE	DATE OF BIRTH	Male / Female	-SCHOOL- ST PATS OAKWOOD WESTWOOD PMS OR PHS	SHOE SIZE	PANT SIZE	SHIRT SIZE	List FOUR (4) $25 or less valued gift Help us shop by providing specifics brand, available @ what store, any details of the gifts. Include favorite color, themes, likes or dislikes.
1 Last First								
2 Last First								
3 Last First								
4 Last First								
5 Last First								
6 Last First								