

COMMUNITY GIVING PROGRAM

RELEASE OF INFORMATION

Local organizations, individuals, churches, and clubs often ask for the names of people they may assist during the holidays. Completion of this form allows the release of your name or the names of your family, to these organizations. The information on this form may be shared with these organizations.

Please mail or drop off the completed form to *Roscommon High School* by **October 1.**

I am requesting assistance with:

Food Only _____

Gift Items Only _____

Food & Children's Gifts _____

PLEASE PRINT

<i>Grantee Name (Last, First)</i>		
<i>Phone Number</i>	<i>Message Number</i>	
<i>Address (Apt. # Lot #, PO BOX)</i>	<i>City</i>	<i>Zip</i>
<i>Driving Directions to your Home-List Major Cross Streets</i>		
<i>Source of income: Employment, Free School Lunches, FIP, SSI, Food Stamps, Veteran's Benefits, Other:</i>		

HOUSEHOLD MEMBER INFORMATION

Name (Last, First)	M	F	Age	Size	Gift Suggestions <i>Please list the type of toys, clothing, food or other gifts that each family member is requesting.</i>

Include the names of additional household members on the back of this form.

Is there anything you need for the entire family?

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

Completion of this form does NOT guarantee receipt of a gift.

Falsification of information may result in removal from the community giving program.

Signature of Adult	Date
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