

HOODLAND COMMUNITY CHRISTMAS BASKETS

DO YOU NEED HELP THIS HOLIDAY SEASON?

**WE CAN PROVIDE A FOOD BASKET AND A GIFT
FOR YOUR CHILDREN 18 AND UNDER**

WE SERVE THE WELCHES SCHOOL BOUNDARIES



WHEN: Sign-up sheets will be available
Starting Thursday October 15th

WHERE: Forms are available at: Smoke on the Mountain,
Hoodland Clackamas County Bank, Mt Hood Cannabis, Liquor Store,
Charles Mt. View, Coffee House 26 and Welches Mountain Building Supply.

LAST DAY: To turn in forms is **Friday December 4th 2 PM**

Your food and gifts **Will be delivered on-**
Friday December 18th from 4 to 7 PM OR on
Saturday December 19th from 10 to 1 PM



**DELIVERY is the only option this year and
an Adult must be home with ID.**

Non Deliverable Food Boxes will be given to our local food pantries for their use.

Hoodland Community Christmas Baskets is a not for profit organization and is not affiliated with the
Oregon Trail School District.



Merry Christmas

2020 HOLIDAY FOOD & GIFT BOX REQUEST

HOODLAND COMMUNITY CHRISTMAS BASKET PROGRAM

(ONE FORM PER HOUSEHOLD)

Complete and Turn in paper application BY FRIDAY December 4th to guarantee a food box and gifts. Drop off at Mountain Building Supply, Hoodland Clackamas County Bank, Welches Liquor Store, Coffee House 26, Smoke on the Mountain, Charlies Mtn View

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED - **Picture ID required at Delivery**
If we have questions regarding your application you may be contacted by one of our committee members

* **Applicant Name** (Printed) _____ Telephone No. (including area code) _____

*Applicant Date of Birth _____ AGE _____ *Last 4 digits of **SSN** _____ Alternate Telephone No. _____

*Household Address _____ Apt/Unit# _____
(Multiple applications may result in non-service)

email address _____ City _____ Zip _____

LIST INFORMATION FOR **ALL INDIVIDUALS IN THE HOUSEHOLD, not guests.**
(MORE information is needed on the back - PRINT clearly)

*Legal LAST NAME	*FIRST NAME	Last 4 of SSN	*SEX (Circle)	*AGE	Date of Birth	SIZE for clothes	GIFT'S for Giving tree <u>18 & under</u> MAX \$25.00 <u>NO GIFT CARDS</u>
			F M				
			F M				
			F M				
			F M				
			F M				
			F M				
			F M				

DOGS? # _____ Lg _____ Med _____ Sm _____

CATS? # _____



*** REQUIRED INFORMATION ON PAGE TWO - the back**



*Legal LAST NAME	*FIRST NAME	Last 4 of SSN	*SEX (Circle)	*AGE	Date of Birth	SIZE for clothes	GIFT'S for Giving tree <u>18</u> & under MAX \$25.00 <u>NO GIFT CARDS</u>
			F M				
			F M				
			F M				
			F M				
			F M				
			F M				
			F M				

By my signature below, I agree to hold Compassion in Action/Toy & Joy Clackamas County, its officers, directors, agents, donors and volunteer workers harmless of all liability, losses, damages, costs or expenses arising out of the use of these donations. I further understand that **completion of this form does not guarantee** a Christmas Food/Toy Distribution. This is determined solely on product availability and first-come first-served basis. Compassion in Action Clackamas County/Toy & Joy Clackamas County may share the information provided herein and any images obtained with the clearinghouse partners, Adopt-A-Family and other such agencies for the holiday giving program for marketing materials. ***I HEREBY CERTIFY THAT I HAVE NOT APPLIED OR AM BEING SERVED BY ANY OTHER CHURCH, AGENCY OR DONOR THIS CHRISTMAS SEASON.*** I will be contacted with availability, for delivery times and related information for a Christmas Food/Toy Box. **I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLETE CONTACT DATA AND NOTIFYING CiACC OF ANY CHANGES WHICH WILL BE USED FOR NOTIFICATION PURPOSES.**

*** Applicant Signature**

Date

DELIVERY ONLY an ADULT on the application must be present when DELIVERED
Please circle one

DELIVERY ONLY Fri. 12/18 4 to 7 PM
DELIVERY ONLY Sat. 12/19 10 AM to 1 PM

Referring Agency: HOODLAND COMMUNITY CHRISTMAS BASKET PROGRAM

Contact Name: Carol Norgard

Contact Phone: 503-622-4111

Email: hoodland@hoodlandfire.org

Toy & Joy/Compassion in Action Clackamas County ~ Christmas Food & Toy Program
 PO Box 197 ~ Oregon City, OR 97045 ~ 503-632-0562 ~ ciacc@comcast.net Visit us at www.ciacc.org or
 on Facebook CiACC toy n joy Phone number courtesy of Beaver Creek Telephone

APPLICATION SUBMISSION DEADLINE: DEC. 4, 2020 (FIRM)

***REQUIRED INFORMATION - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

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