

Food Box Needed?
YES / NO

Maywood Mission 2022 Application for Holiday Gifts

DATE	STAFF	# of adults in household	# of children in household		
Name List all adults in household.		Social Security #	Birthday	Age	Male/Female
Head of household:					
Street Address		Apt. Number	City & Zip Code		
Phone #		Message ph #	Cell or alternate #		

List all children 17 years old or younger in household

Name	Age	Male/Female	STOP ! Only complete shirt size, pant size, and wish list if applying for gift assist	Shirt Size	Pant Size	WISH/Interests/Hobbies <i>There is no guarantee wishes will be granted</i>	

By my signature, I, (print name) _____ give Maywood Mission permission to release information necessary to process this application for the receipt of holiday benefits as stated above:

Signature: _____ Date: _____

Pick up dates and times will be provided via text message. Please provide a good text number so you can be notified