THE PICK UP DATE HAS NOT BEEN DECIDED, WE WILL CALL WHEN YOUR GIFTS ARE READY

Parents Name:				Date:
Do you qualify and rece qualification) which has	ive food stamps the kids names	s?If so & curren	Please bring a letter to tlegal address and guarantees.	or or from the State (such as Foodstamp ardian names. THIS PAPER MUST BE food stamps does qualify you.
We do NOT verify your iplease include proof of y	ncome if you hour monthly ind	ave foods	stamp qualification fro all working adults in fa	om the state. If you do not have this paper
Have you or are you goir Yes or No if Yes/where_				mas Assistance (we cross reference)
You may request a used Holidays.	game system. If you hav	we do	get a few used syster stem do not ask for or	. Please do not list them as a wish. ms and games donated during the ne. tem in their home before others get a
~			· · · · · · · · · · · · · · · · · · ·	YOU MUST TELL US THE SIZE. the gifts depending on the cost of the
Child's Name:	M or F	Age:	Wishes:	
Child's Name:	M or F	Age:	Wishes:	
Child's Name:	M or F	Age:	Wishes:	
If you have more than 3 chil them:	dren, please use t	he back of	this paper and draw an '	"X" on this line so we do not to miss
Additional Information you fe	el we should knov	v:		
We do not guarantee yo You must be <u>legal guardian</u> o Parents/Guardian must pick up Parents signature: Date:	f the children you giftsnot friend	list below to s and neigh	to receive Hands of Hope abors.	

Assistance.

I also agree that I am legal guardian of the above children. I will not hold Hands of Hope/Bangor Thrift Store responsible for the gifts I receive such as for a defective gift or lead paint. I will not sue Hands of Hope for any reason in regards to the 2016 Christmas Program.

I understand Hands of Hope is just a middle man for distributing the gifts I receive.