

ANTRIM COUNTY HOLIDAY GIVING PROGRAM 2022

*Return form to Good Samaritan or email to: Christmasforms@thegoodsam.org or
Mail to Good Samaritan Po Box 206 Ellsworth MI 49729. If you have questions call 231-588-2208*

Parent/legal guardian name(s): _____

Street Address: _____ City: _____ County: _____

Cell Number: _____ and email: _____

Number of Adults 18 and older _____ Number of children 17 and younger _____ (cut off for gifts is 17)

Forms must be turned by DECEMBER 8

Families will be notified by e-mail or text the date, time and location of gift pick-up

Child's First & Last Name	Girl-Boy	Age	Gift Suggestions*
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.
			1. 2. 3.

(please list additional child information on the back of this form)

We will try to choose gifts for your children from your suggestions from the gifts **donated** to us. Please try to give us ideas of what types of things your child likes- eg. sports, arts n crafts, games, building,If you list something like books it would help us to know what kind of books, or movies, or games...

Release of Information:

- I hereby authorize Good Samaritan to share the above information with other organizations & agencies to coordinate the distribution of Christmas donations. Families may be sponsored by only one organization
- I verify that I am the legal guardian for the listed children whose primary residence is the above and not be able to provide gifts for grandchildren .

Signature of Parent or LegalGuardian Date