

2018 WMCA Operation Santa Gift Request Form

-Please Return by Friday, November 9 2018
-Total gift values do not exceed \$30/dependent
-WMCA will contact all recipients when their gifts are ready to be picked up



Mail the completed form to:
 WMCA-Op Santa
 P.O Box 200
 E. Wilton ME, 04234
Or drop off at WMCA Service Center at 20B Church St East Wilton

Personal Information

Town you live in

The # of people in household including self

The # children in household

Last Name

First Name

Street Address #1 (no P.O boxes please)

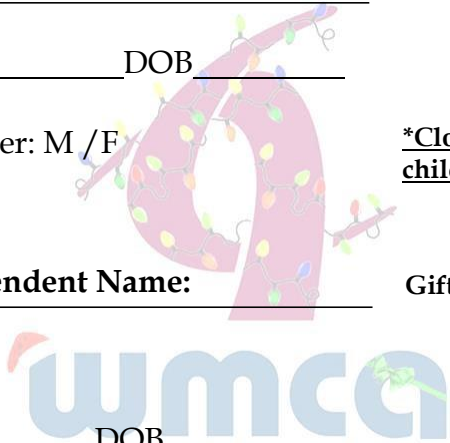
Contact Information

Phone #1 _____

Phone #2 _____ Y/N _____

Message ok? _____

Dependent Name: _____ Age: _____ DOB _____ Gender: M / F _____ Dependent Name: _____ Age: _____ DOB _____ Gender: M/F _____ Dependent Name: _____ Age: _____ DOB _____ Gender: M/F _____	Gift Suggestions: _____ <u>*Clothing/Shoe Size and Color Preferences-(please specify child/adult size)</u> Gift Suggestions: _____ <u>*Clothing/Shoe Size and Color Preferences-(please specify child/adult size)</u> Gift Suggestions: _____ <u>*Clothing/Shoe Size and Color Preferences-(please specify child/adult size)</u> _____ _____
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More Dependent Information

Dependent Name: _____

Gift Suggestions:

Age: _____ DOB _____

* Clothing/Shoe Size and Color Preferences-(please

Gender: M/F _____ specify child/adult size) _____

Dependent Name: _____

Gift Suggestions:

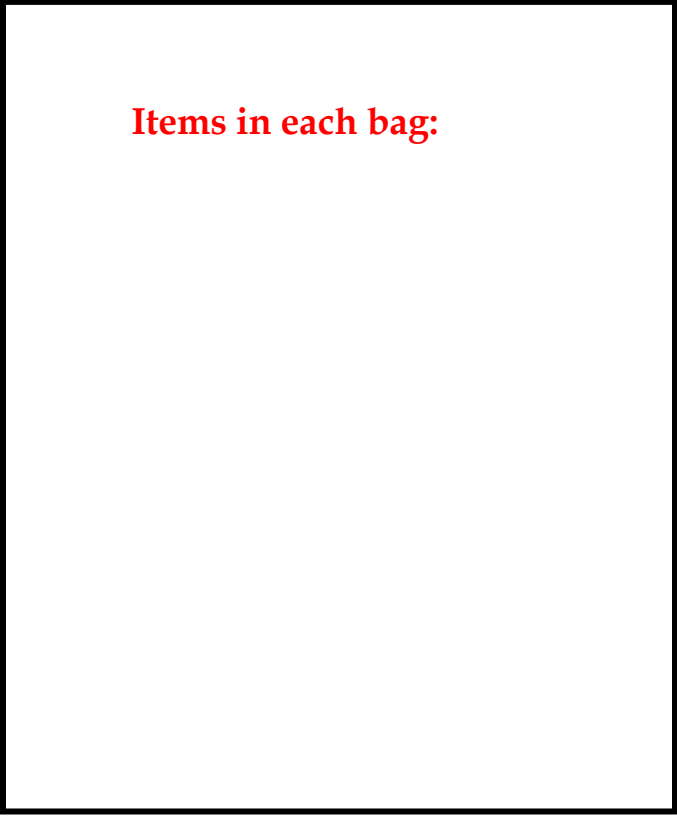
Age: _____ DOB _____

*Clothing/Shoe size (child/Adult) and Color Preferences-

Gender:M/F _____

(please specify child/adult size)

Person Completing Form: _____ Date: _____
Relationship/Title & Agency: _____ Contact Phone: _____



Items in each bag:

DO NOT SIGN THIS PORTION UNTIL GIFTS HAVE BEEN PICKED UP

Please help us better serve your requests! Release of Information: As Legal Guardian of all gift recipients herein, I grant permission for release of only non-descript information that does not identify any person by name, photograph or contact information. I also consent and agree that Western Maine Community Action, Inc., may use the de-identified information in media for the purpose of improving program development. I also understand there will be no financial compensation for the use of this information, now or later. I release and hold harmless WMCA for any expense or liability incurred as a result of my participation in this release. I represent that I am at least 18 years of age, have read and understand the above statement, and am competent to complete this agreement.

Signature _____ Date _____ Printed Name _____ If am granting guardian approval for a minor child or other individual under my custodial care, on behalf of that individual, I agree to these same terms as stated above.

Guardian Signature (If for minor child, legal ward, or charge listed as dependent): _____ Date _____

By signing this form you have also confirmed the contents of each gift bag and are satisfied with said contents for each dependent.