

2017 WMCA Operation Santa Gift Request Form

-Please Return by Friday, November 10 2017
-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

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)

Dependent Name: _____ **Gift Suggestions:** _____

Age: _____ DOB _____

Gender: M / F

***Clothing/Shoe Size and Color Preferences-(please specify child/adult size)**

Dependent Name: _____ **Gift Suggestions:** _____

Age: _____ DOB _____

Gender: M/F

***Clothing/Shoe Size and Color Preferences-(please specify child/adult size)**

Dependent Name: _____ **Gift Suggestions:** _____

Age: _____ DOB _____

Gender: M/F

***Clothing/Shoe Size and Color Preferences-(please specify child/adult size)**

Contact Information

_____ Y/N _____
 Phone #1 Message ok?

_____ Y/N _____
 Phone #2 Message ok?

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

More Dependent Information

Dependent Name:

Gift Suggestions:

Age: _____ DOB _____

* Clothing/Shoe Size and Color Preferences-(please specify child/adult size)

Gender: M/F _____

Dependent Name:

Gift Suggestions:

Age: _____ DOB _____

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

Gender:M/F _____

Dependent Name:

Gift Suggestions:

Age: _____ DOB _____

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

Gender: M/F _____

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.