



## BEAVER VALLEY OUTREACH HOLIDAY HAMPER'S 2024 FAMILY

NAME	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE- [A friend or relative's # can be used]	
REFERENCE – [Please provide the name and number of Social Worker, Clergy, BVO Contact or other reference.	

Do you have any feedback with respect to BVO's programs & services?

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Please provide information for IMMEDIATE family members up to 18 years, living in the same house.

\*Please note that we will do our best to accommodate gift requests, however this program is dependent solely on donations and therefore we may not be able to accommodate all requests.

Child's Name	Gender	Age	Gift/Gift Card Suggestion(s) – <i>*Be as Specific as possible</i>

[Continue on reverse if space is required]

Please indicate if you require delivery.      YES    ☐    NO    ☐

.....cut along dotted line.....

Please return this form to Beaver Valley Outreach Attn: Santa Mailbox by **Monday, December 1st, 2024.**

\* We may not be able to process late applications.

Name-

*Please bring this portion of the form with you when you come to pick up your hamper.*

Hampers will be available for pick-up on **Wednesday, Dec 18<sup>th</sup>, 2024, from 12:00 – 2:30 PM** for families at First Baptist Church (corner of Alice and Bruce St.) **If you are picking up your Hamper, we will call to schedule a time for pickup.** \* IF YOU ARE GETTING DELIVERY, PLEASE BE HOME BETWEEN 12:00 – 4:00 P.M. OR MAKE ALTERNATE ARRANGEMENTS WITH CAROLYN IN ADVANCE.