BEAVER VALLEY OUTREACH
HOLIDAY HAMPER'S 2025
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.	

NEW*If you are new or have moved, be prepared to verify your address with ID or a copy of a bill in your name at the same address.

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

_____

_____

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 on donations and therefore we may not be able to accommodate all requests.

Child's Name	Gender	Age	Gift/Gift Card Suggestion(s) – *Be as Specific as possible for items requested

[Continue on reverse if space is required]

Please indicate if you require delivery. YES ☐ NO ☐

Any helpful delivery details: _____

……**cut along dotted line**……

Please return this form to Beaver Valley Outreach Attn: Santa Mailbox by Monday, December 1st, 2025.

* 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 17th, 2025, from 12:00 – 2:30 PM at First Baptist Church (corner of Alice and Bruce St.). We will call the week of hampers 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.