CFAX SANTAS ANONYMOUS

Application Deadline December 1, 2016



Christmas Giving Network of Greater Victoria 2016

- This application process allows Families and Individuals to obtain assistance at Christmas from ONE agency listed below.
- Each agency has a set capacity, so please submit your application early!
- If the agency you select reaches its capacity, your application may be forwarded to another agency.



Mail or drop off your application directly to the ONE AGENCY chosen.

CFAX Santas Anonymous

1420 Broad Street, Victoria, BC V8W 2B1

Providing new toys for children 17 and under, with food hampers and a food voucher for the family. Santas assists families WITH children only.

The Salvation Army

2695 Quadra Street, Victoria, BC V8T 4E3

Providing new toys for children 17 and under and food hampers for their families. This agency serves individuals and families.

The Mustard Seed

625 Queens Avenue, Victoria, BC V8T 1L9

Providing new toys for teens & tots and Christmas Hampers including turkeys, for Families with Children, Adult Families and Individuals.

St. Vincent de Paul

828 View Street, Victoria, BC V8W 2K6

SSVP serves seniors, 60 years of age and older with a food gift card.

Sooke Christmas Bureau & Sooke Harborside Lions 'Toys for Kids'

C/O Casa, #100 6672 Wadams Way, Sooke, BC V9B 0H3

Providing new toys for children 17 & under and Christmas food hampers for Families with Children, Adult Families and Individuals.

The Christmas Giving Network includes other agencies and food banks in Greater Victoria who assist at Christmas and share their applicant information to ensure that more Families and individuals can be served.







APPLICATION GUIDELINES

- 1. You will receive help from **only one agency**. Submit one application to one agency only.
- 2. Your signature is **required** at the bottom of this application.

FOR OFFICE

USE ONLY

RECEIVED

DATE:

CHECKED BY:

- 3. Identification will be required (including dependents) upon Pick Up/Delivery.
- 4. In order to be able to process your application, please be sure that the phone number, mailing address and email address are correct. If we cannot contact you, we may not be able to provide you with a hamper.

FLEA	SE PRIIVI CLEAR				
First Name:			Last Name:		
Address: Unit #	House #		Street Name:		
City			Postal Code:		
Email Address:					
Phone #: ()			Cell Phone #: ()		
MY REQUEST FOR HEL	P ALSO INCLUD	ES THE	FOLLOWING PEOPLE WHO <u>LIVE</u>	AT MY ADI	DRESS:
OTHER ADULTS (spous	e, adult children				
FIRST NAME		LAST NAME			SENDER
,	and younger):				
,	and younger):	LAST N	IAME	GENDER	AGE
` '	and younger):	LAST N	IAME	GENDER	AGE
,	and younger):	LASTN	IAME	GENDER	AGE
` '	and younger):	LASTN	IAME	GENDER	AGE
CHILDREN (17 years a	and younger):	LAST N	IAME	GENDER	AGE
CHILDREN (17 years a	and younger):	LASTN	IAME	GENDER	AGE
FIRST NAME					
SIGNATURE BELOW	IS REQUIRED	FOR U	S TO HELP YOU. By signing belo	w, I confir	m that:
SIGNATURE BELOW I have read the info	IS REQUIRED	FOR U	S TO HELP YOU. By signing belo d 2, and <u>have not</u> applied to more th	w, I confir	m that:
SIGNATURE BELOW I have read the info	IS REQUIRED	FOR U	S TO HELP YOU. By signing belo	w, I confir	m that:

ENTERED BY:

CONTACT ID#:

TRANSFER TO: