		A Coalit	ion	Christmas –	2024 (	CLIENT APPL	ICATION	
Pickup Site:						ID Checked By		
Sponsor:				# In Family:		Date Received:		Client #:
Last Name:	Firs	st Name:			Email:			
Phone number (Home):			Pho	one number (Mobile)	:		Phone number (Alt	ernate 1):
Phone number (Alternate 2):			Date application mailed:					
Physical Address:			City:				Zip:	
Mailing Address:			City:				Zip:	
	PRO	OF OF NAI	ME/				EACH PERSON	
Name (Last, First)	Sex/Ag	е	N	Clothing Items  lo Brand Name			Househ	old Items or Toys
**Limit \$50-\$75 per child	Age 1-17				•			
Member 1	M or F							
Name:								
SS# Last 4 digits:	Age							
Member 2	M or F							
Name:								
SS# Last 4 Digits:	Age							
Member 3	M or F							
Name:								
SS# Last 4 Digits:	Age							
Marshau 4	M or F							
Member 4	IVI OI F							
Name: SS# Last 4 Digits:	٨٥٥							
SO# Last 4 Digits.	Age							

Names (First, Last)	Sex/Age	Clothing Items & Sizes No Brand Name Requests	Household Items or Toys	
Member 5	M or F	·		
Name:				
SS# Last 4 Digits:	Age			
Member 6	M or F			
Name:				
SS# Last 4 Digits:	Age			
Member 7	M or F			
Name:				
SS# Last 4 Digits:	Age			
Member 8	M or F			
Name:				
SS# Last 4 Digits:	Age			
Member 9	M or F			
Name:				
SS# Last 4 Digits:	Age			
N. (0.4N4 )				
Notes (C4M use):				