West Perth 2024

Application for Christmas Assistance

Community Christmas Care

Delivery: Wednesday, December 18, 9:30-12:00

Thank you for marking this date & time on your calendar.

Applications must be submitted to the Mitchell Food Bank or Grace Lutheran Church before Friday December 13. Please Note: In case of a delivery delay please make sure you include your email address or telephone number in this application.

* please print				
Applicant Na	ıme (first & las	st):		
Spouse/Part	ner Name (firs	st & la	st):	
Address:				Apt.
Town: Phone:			1	Email:
Children 16 y	years of age o	r your	nger	
N	ame	Age	M/F	Child's Wish List
Please note: Although we will try, children may not necessarily receive what is on their "wish list".				
Christmas F	ood Hamper	?	Yes	No
I understand, a	gree and consent	that th	e abov	e information, given to West Perth Community Christmas
Care (managed	by Grace Evang	gelical l	Luthera	an Church, Mitchell) will be exchanged with Stratford
House of Bless	ing, The Salvati	on Arm	ıy, to p	revent accidental service overlap. I also agree that the
information on	this form is true	and ac	curate	to the best of my knowledge.
Date:	Name			Signature: