



ANONYMOUS SANTA PROGRAM

Assisting Families Throughout the Chisago County & Forest Lake Area

HOLIDAY GIFT APPLICATION

We offer help to families who can't afford to purchase toys & gifts for their children during the holiday season.

Please fill out form completely with full names of both parents
(or guardian) and the names of all children.

All information on this form will be kept confidential.

A confirmation letter will be mailed to you the first part of December.

URGENT! Please read that confirmation letter carefully when it arrives!

- **IMPORTANT!** These are the ONLY dates and times that toys will be distributed.
- You MUST pick up toys on the dates assigned if you wish to participate in this program.
- You must produce proof of residence in the area at the time of distribution.
- Please contact a volunteer at 651-983-0496 if you have questions.
- You may choose gifts for children of Whom You Are The Parent Or Legal Guardian Only!

We do not provide gifts/toys for grandchildren or
any children over the age of 18 who are not enrolled in high school.

This is a private program, offered through donations from your community, businesses,
private individuals, civic organizations, churches, fundraising projects, and toy drives.
Everyone has volunteered and donated their time, talents, and gifts!

PLEASE read this carefully!

ALL of the information must be completed for the application to be processed.

If **ALL** the information is not provided the application may be delayed!

A volunteer may attempt to reach you by phone.

PLEASE - phone numbers listed must be current and active.

Anonymous Santa is not responsible if the information provided is not accurate,
or if a volunteer is unable to reach you.

LOCATION: MAIN STREET CHURCH, 6500 MAIN STREET, NORTH BRANCH, MN
PLEASE DO NOT CALL THE CHURCH

Please contact the numbers on this form if you have questions.

NOTE! THIS FORM MUST BE RECEIVED BY DECEMBER 6TH 2019

PLEASE SEND FORM TO: ANONYMOUS SANTA, P.O. BOX 901, NORTH BRANCH, MN 55056
OR FAX COMPLETED 1 PAGE APPLICATION TO 651-344-0772

WE RESERVE THE RIGHT TO REFUSE ANY APPLICATION.

WWW.ANONYMOUSSANTAMN.COM

The following questions MUST be answered BEFORE your application can be considered.

Can you afford to purchase gifts and/or toys for you children this Holiday Season? Yes No
Are you receiving help from another organization? Yes No

Name of Organization: _____

Mark dates & times with numbers from 1 to 3 for most convenient times to pick up toys/gifts.
(Example: 3 Dec. 15, 1 – 2 p.m. 2 Dec. 15, 4 – 5 p.m. 1 Dec. 16, 9:30 – 10:30 a.m.)

Toys are split evenly between all shopping sessions. **Friday, Dec 20th 2019**

<input type="checkbox"/> Thursday, Dec 19 th 2019	<input type="checkbox"/> 2:30 - 3:30 pm	<input type="checkbox"/> 8:30 - 9:30 am	<input type="checkbox"/> 2:30 - 3:30 pm
	<input type="checkbox"/> 4:00 - 5:00 pm	<input type="checkbox"/> 10:00 - 11:00 am	<input type="checkbox"/> 4:00 - 5:00 pm
<input type="checkbox"/> 11:00 am - 12:30 pm	<input type="checkbox"/> 5:30 - 6:30 pm	<input type="checkbox"/> 11:30 - 12:30 pm	<input type="checkbox"/> 5:30 - 6:30 pm
<input type="checkbox"/> 1:00 - 2:00 pm	<input type="checkbox"/> 7:00 - 8:30 pm	<input type="checkbox"/> 1:00 - 2:00 pm	<input type="checkbox"/> 7:00 - 8:30 pm

Full Name of FATHER or Guardian: (Required) _____

Street Address: _____

City, State, Zip Code: _____ County Of Residence: _____

Telephone #: (H) _____ (W) _____

(OR), Name, Phone # Where We Can Leave a Message:

Name: _____ Phone: _____

Full Name of MOTHER or Guardian: (Required) _____

Street Address: _____

City, State, Zip Code: _____ County Of Residence: _____

Telephone #: (H) _____ (W) _____

(OR), Name, Phone # Where We Can Leave a Message:

Name: _____ Phone: _____

Gift Certificate(s) Should Be Mailed To: (Circle One) **Mother** **Father**

School Dist. Children Attend: _____ Total Family Members: _____

Dependents: Name, gender, age.

1.) _____ Boy/Girl: _____ Age: _____

2.) _____ Boy/Girl: _____ Age: _____

3.) _____ Boy/Girl: _____ Age: _____

4.) _____ Boy/Girl: _____ Age: _____

5.) _____ Boy/Girl: _____ Age: _____

I certify that I am the legal guardian of the above children and that all statements that I have made to Anonymous Santa are true and correct.



SIGNATURE: _____

DATE: _____

FAX THIS SIDE ONLY: 651-344-0772

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