

2017 Spirit of Christmas Event

DATES

Friday, Dec. 8: 3:00 - 8:00 PM
Saturday, Dec. 9: 9:00 AM - NOON

COST

\$5 per child
(pay at the event - cash only please)

*(Each child will receive 3 gifts, stocking stuffers, hats, mittens & scarves.)
(Children that attend will be able to select a gift for parents in the home - no charge.)*

SIGN UP PROCESS

- 1) Come to the Relational Ministry Center at Love INC (2nd Floor) between 9 AM and 4 PM, Monday - Friday.
- 2) Share your interest in participating in Love's Spirit of Christmas Event.
- 3) Complete a brief Intake.
- 4) Fill out the attached Application Form. Be sure to sign it.
- 5) You will receive a follow-up phone call if eligible to attend the event and to schedule your time to shop.

SHOPPING INFORMATION

- Shopping times will be scheduled every 30 minutes.

LOCATION

- Details will be mailed to you after the sign up process is completed.

If you have any questions about the event, please call Linda Postma at 616.662.3300, ext. 114.

ADDITIONAL INFORMATION

- ◆ Personal Shoppers will be there to assist you.
- ◆ Personal Shoppers will also accompany your children into another room to choose gifts for you.
- ◆ Volunteers will wrap and name tag each gift while you enjoy refreshments with your family.
- ◆ Have fun making Holiday decorations with your children or relax and enjoy homemade goodies and beverages.
- ◆ There will be several tables with free Stocking Stuffers, hats & mittens and scarves available to you.
- ◆ If you cannot afford the cost of \$5 per child, you may volunteer at Love INC to earn a \$5 voucher.
Please note that your volunteer time needs to be completed before your shopping appointment.
One hour volunteer time = 1 - \$5 voucher - (good for one child)

Remember to stop by the 2nd floor of the Relational Ministry Center to complete an intake.

Deadline to sign up is Friday, November 17th.

2017 Spirit of Christmas Event

SIGN UP DATES: NOW - NOVEMBER 17, 2017

Office Use Only
 Family # _____
 Call Center _____
 Salv. Army _____
 Pres. Estates _____
 Kids Hope _____

1.) 1st Adult: First and Last Name _____ Last 4 of Soc. Sec. # XXX-XX - _ _ _ _

2nd Adult: First and Last Name _____ Last 4 of Soc. Sec. # XXX-XX - _ _ _ _

Address: _____ Apt./Bldg./Lot # _____ City: _____ Zip Code: _____ County: _____

Email: _____ Home Phone: (_____) _____ Work/Message Phone: (_____) _____

2.) I authorize release of our information to the Salvation Army and/or agencies/churches who offer Christmas resources.

Signature: _____ Date: ____ / ____ / ____

Please complete a brief intake with our Call Center to determine eligibility. 616.662.3300

PLEASE LIST YOURSELF, YOUR SPOUSE/PARTNER and YOUR CHILDREN (18 AND UNDER) LIVING IN YOUR HOUSEHOLD.

LAST NAME	FIRST NAME	AGE	GENDER	RELATIONSHIP TO APPLICANT
			M or F	SELF
			M or F	
			M or F	
			M or F	
			M or F	
			M or F	
			M or F	
			M or F	