Thanksgiving Box

Nomination Application

Deadline: November 4th

Nominations are limited to Princeton and surrounding Communities and availability of funds.

Info of person being nominated:

This info is needed to help determine box size and for delivery of boxes.

Date:_____

Name:_____Spouse:_____

Address:._____

City:_____State:_____ Zip Code:_____

Home Phone:_____ Cell Phone:_____

Please list all adults and children living in your household not listed above: (use back of paper for more entries)

Name:_____Age: ____

Name:_____Age: ____

Name:_____Age: ____

Name:_____Age: ____

Name:_____Age: ____

I understand that by signing or accepting this nomination I release and/or by accepting the Thanksgiving Box, I voluntarily surrender any legal responsibility to New Life Church.

_____ _____

Signature Date

Info of person who nominated the above family:

I, _____am nominating the above family for the Thanksgiving Box Distribution.

□ I would like to remain anonymous to the family I am nominating.

Home Phone:_____ Cell Phone:_____

_____ _____

Signature Date

OVER ⇨

Please give a brief description as to why you are nominating yourself or the above family._____
_____
_____
_____
_____
_____
_____
_____
_____
_____

****Please note that you will receive a phone call to confirm your participation in this program, to inform you of drop off date and times and to confirm address.**

Office Use

Called – Date_____ Voice Mail left ☐

Info Verified- Address ☐ Family Size ☐

Family Accepted- Yes ☐ No ☐