

## Are you applying for Christmas assistance?

The Salvation Army Christmas Assistance Program is here to help you. Complete this application and return it to our office

### Come in person to apply

**Christmas Registration**  
**Monday November 8<sup>th</sup>**  
&  
**Tuesday November 9<sup>th</sup>**  
**3:00-6:00 PM**



### After November 9<sup>th</sup>

Mail, fax or drop-off your application in person to our Help Centre  
**MONDAYS & THURSDAYS**  
**9:30 AM - 12:00 PM**

(after Dec. 16<sup>th</sup>, your option is to please call us immediately for instruction)

For inquiries or to return forms contact:

## The Salvation Army

Christmas Assistance Program  
Northridge Community Church  
415 Pickering Crescent  
P.O. Box 356  
Newmarket, ON L3Y 4X7  
Tel: 905-895-6276  
Fax: 905-830-0343

## Are you interested in helping this Christmas?

**In Aurora, Newmarket + East Gwillimbury,**  
The Salvation Army helps people in need with food, clothing, toys, counselling, and those in danger of eviction or with no place to stay. People find encouragement and hope towards a better future and for some, that can mean the start of a new life.

### This Christmas

through you, your family, your class, your school, or your employment; make a difference in the lives of children and families in need living right here in Aurora, Newmarket, East Gwillimbury and the surrounding communities of York Region.

### Schools...

participate in our Penny Mountain Drive by raising pennies to help families at Christmas.

### Businesses...

help with staff or clientele by sponsoring a family or by coordinating a toy drive.

If you're a student, retired, professional, community service group or just someone seeking to lend a helping hand, opportunities exist to make a difference in our own communities today!

**Sponsor a family this Christmas or Volunteer for our Christmas Kettle Campaign.**

### Call us today!

The Salvation Army  
415 Pickering Crescent  
Newmarket, ON L3Y 8G8  
Tel: 905-895-6276  
mail@northridgecommunitychurch.com

## THE SALVATION ARMY CHRISTMAS REGISTRATION



## The Salvation Army Christmas & Winter Needs Assistance Program



*Serving the Communities  
of Central York Region  
Newmarket-Aurora-East Gwillimbury*

# The Salvation Army

## 2010 Christmas + Winter Needs Assistance Program Application

### APPLICANT INFORMATION

Last Name:	First Name:	Address:	
<input type="checkbox"/> Newmarket <input type="checkbox"/> Queensville <input type="checkbox"/> Mount Albert <input type="checkbox"/> Holland Landing <input type="checkbox"/> Aurora <input type="checkbox"/> Sharon <input type="checkbox"/> Schomberg <input type="checkbox"/> Bradford <input type="checkbox"/> _____		Postal Code:	Telephone:
Date of Birth:	<i>Instructions: "2 pieces of I.D. are required (ie. License, SIN or Health Card along with I.D. for any children demonstrating custody)"</i>		
Other Dependants (Check more than one if necessary): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/s <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other		Name/s:	

### INCOME & EXPENSE INFORMATION

All Sources of Income (monthly)	Expenses (monthly)	Notes
Employment:	Rent/Mortgage:	
Ontario works:	Utilities:	
E.I. or Disability:	Food:	
Pension:	Phone/Cable:	
Spouse's income	Child Care:	
Child Benefit:	Loans/Insurance:	
<b>Total:</b>	<b>Total:</b>	

### CHILD INFORMATION *(Use back side of page if more space required)*

Child's 1st Name	Age	M/F	Special Needs/Info.	List interests (ie. dolls, Lego, reading, sports, art, etc.)

I hereby authorize the release of any information required by The Salvation Army for the processing of this application and declare the above information is true and accurate and that I am not receiving Christmas Assistance from any other agency, church or organization.

**Signature of Applicant:** \_\_\_\_\_  
 *Authorization given over phone (to be signed upon scheduled pickup)*

### FOR OFFICE USE ONLY *(Your Pick-Up Time as assigned by Xmas program personnel)*

<input type="checkbox"/> Friday Dec. 17	<input type="checkbox"/> A-F > 10 am-12 noon	<input type="checkbox"/> G-L > 1 pm - 3 pm	<input type="checkbox"/> M-Z > 4 pm - 6 pm
<input type="checkbox"/> Monday Dec. 20	<input type="checkbox"/> A-F > 10 am-12 noon	<input type="checkbox"/> G-L > 1 pm - 3 pm	<input type="checkbox"/> M-Z > 4 pm - 6 pm
<b>Special Arranged Pickup (requires approval):</b> <input type="checkbox"/> DATE: _____ TIME: _____			

Status	<input type="checkbox"/> Packed	<input type="checkbox"/> Picked Up	<b>Referred By</b>	<input type="checkbox"/> HPP	<input type="checkbox"/> Food Bank	<input type="checkbox"/> CMHA	<input type="checkbox"/> YSS	<input type="checkbox"/> Crosslinks	<input type="checkbox"/> Other
<b>Items Provided</b>	___ Cases of food	___ Turkey/Ham	\$___ Food voucher	\$___ Gift voucher	___ Toy hampers	___ Coats			