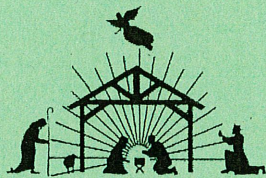


# "TOY DEPOT" Application for Christmas Assistance



Saving Grace Outreach  
26 Mill St & 11 Washington  
Cattaraugus, NY 14719  
(716) 257-3077

Dec. 18th  
2:00-6:00pm

This program is designed to assist Cattaraugus Area families by a group of volunteers and local Church to host this Outreach. This year it will be at the "Community Cares Center" **on 26 Mill Street, SAT DEC 17<sup>th</sup> Scheduled by Appointment.** Children are welcome to be dropped off at The Trading Post South to do crafts, decorate cookies and see Santa while parents shop up on Mill St. We pray that this experience is for those who are truly in need this Christmas. Each family MUST COME AT THEIR DESIGNATED TIME to shop through our Toy Depot Store.

Parent Name: \_\_\_\_\_

Address & zip \_\_\_\_\_

Phone (we need to call) \_\_\_\_\_

1. Child Name : \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Age \_\_\_\_\_

Wants/Need \_\_\_\_\_

2. Child Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Age \_\_\_\_\_

Wants/Need \_\_\_\_\_

3. Child Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Age \_\_\_\_\_

Wants/Need \_\_\_\_\_

4. Child Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Age \_\_\_\_\_

Wants/Need \_\_\_\_\_

5. Child Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Age \_\_\_\_\_

Wants/Need \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

"I understand by signing below that this is a community supported program where all needs can not be met. I realize that I must come at my appointment time to be served on Dec. 17<sup>th</sup>. *We MUST HAVE applications by Dec. 9<sup>th</sup> to schedule appoints for all in need.*

Appt. Time \_\_\_\_\_ , Called on \_\_\_\_\_ Initials \_\_\_\_\_ Showed Up \_\_\_\_\_