2018 WMCA Operation Santa Gift Request Form

- Please Return by Friday, November 9 2018
- Total gift values do not exceed $30/dependent
- WMCA will contact all recipients when their gifts are ready to be picked up

Mail the completed form to:
WMCA-Op Santa
P.O Box 200
E. Wilton ME, 04234
Or drop off at WMCA Service Center at 20B Church St
East Wilton

Dependent Name: 

Gift Suggestions: 

__________________________________________

Age: _____ DOB ________

Gender: M /F ________________________________

*Clothing/Shoe Size and Color Preferences-(please specify child/adult size)

Dependent Name: 

Gift Suggestions: 

__________________________________________

Age: _____ DOB ________

Gender: M /F ________________________________

*Clothing/Shoe Size and Color Preferences-(please specify child/adult size)

Contact Information

Phone #1

Phone #2 ________________________________ Y/N ______ Message ok?

Street Address #1 (no P.O boxes please)
More Dependent Information

Dependent Name: __________________________________________

Age: _____ DOB ____________

Gender: M/F __________________________________________

* Clothing/Shoe Size and Color Preferences-(please specify child/adult size)

Dependent Name: __________________________________________

Age: _____ DOB ____________

Gender: M/F __________________________________________

* Clothing/Shoe size (child/Adult) and Color Preferences—

(please specify child/adult size)

Person Completing Form: ______ Date: ______

Relationship/Title & Agency: _____________________________ Contact Phone: ____

DO NOT SIGN THIS PORTION UNTIL GIFTS HAVE BEEN PICKED UP

Please help us better serve your requests! Release of Information: As Legal Guardian of all gift recipients herein, I grant permission for release of only non-descript information that does not identify any person by name, photograph or contact information. I also consent and agree that Western Maine Community Action, Inc., may use the de-identified information in media for the purpose of improving program development. I also understand there will be no financial compensation for the use of this information, now or later. I release and hold harmless WMCA for any expense or liability incurred as a result of my participation in this release. I represent that I am at least 18 years of age, have read and understand the above statement, and am competent to complete this agreement.

Signature __________________________ Date ____________ Printed Name __________________________ If am granting guardian approval for a minor child or other individual under my custodial care, on behalf of that individual, I agree to these same terms as stated above.

Guardian Signature (If for minor child, legal ward, or charge listed as dependent): __________________________ Date ____________

By signing this form you have also confirmed the contents of each gift bag and are satisfied with said contents for each dependent.