The Empty Stocking Fund
TELEGRAPH-JOURNAL

2020 Application Form

Continuing the tradition of: Kids Helping Kids

Applicant's Name: _____ **Date of Birth:** _____

Spouse/Partner's Name: _____ **Date of Birth:** _____

Address: _____

Postal Code: _____

Telephone: _____

Relationship to Child: _____

Applicant's Signature: _____

(void if not signed)

*Once application is signed, your contact will handle the administrative work and will contact you once the card is ready for pick up.

Official government ID will be required for verification.

I believe the children listed hereon are in genuine need and eligible for help from the Empty Stocking Fund.

Name of Church or Agency: _____

Signature of Clergyman, Case Manager (SD) or Social Worker: _____

Telephone: _____

Internal Use Only Received Date: _____ Confirmation # _____ Return by Nov. 16, 2020. Deadline firm.

Only register children over 1 year of age and under 13 years of age.

(Eligibility - children born after January 1, 2008 and before December 31, 2019)

Child's Complete Name As listed on birth certificate	**Date of Birth** Year/Month/Day