



# CHRISTMAS SUPPORT FUND

## OFF-RESERVE APPLICATION

APPLICANT:	FIRST NAME:	LAST NAME:

STATUS #		DATE OF BIRTH:	MM-DD-YYYY
PHONE NUMBER		EMAIL ADDRESS:	

PHYSICAL ADDRESS:			
MAILING ADDRESS:			
NAME TO BE ISSUED ON CHEQUE OR DIRECT DEPOSIT (IF DIFFERENT FROM ABOVE)			

I AM APPLYING FOR THE CHRISTMAS SUPPORT FUNDS FOR THE CHILDREN LISTED BELOW AND HAVE THE LEGAL AUTHORIZATION TO DO SO.

CHILD NAME:	STATUS NUMBER	DATE OF BIRTH (MM-DD-YYYY)
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY
		MM-DD-YYYY

**APPLICATIONS ACCEPTED UNTIL JANUARY 15, 2021**

Send me funds in the mail.  Deposit funds in my bank (attach your DD form or a void cheque).

**PLEASE NOTE:** THE INFORMATION YOU PROVIDE ON THIS FORM IS ENTERED INTO SPLATSIN'S ACCOUNTING SOFTWARE. BY SIGNING BELOW, YOU AUTHORIZE SPLATSIN TO SHARE THIS INFORMATION INTERNALLY FOR ADMINISTRATIVE PURPOSES AND TO CONTACT YOU ONLY.

SIGNATURE:	
DATE:	

**FOR OFFICE USE ONLY**

FINANCE CODE:	
AMOUNT: \$	CHEQUE #:
FINANCE INITIALS:      DATE: MM-DD-YYYY	SEA INITIALS:      DATE: MM-DD-YYYY