



**\*\*SPONSOR'S HOLIDAY FOOD BASKET APPLICATION FORM\*\***

THIS FORM MUST BE COMPLETED & MAILED 30 DAYS PRIOR TO THE HOLIDAY DATE.  
SPONSOR MUST CONTACT RECIPIENT ONE (1) WEEK BEFORE AND ON THE DAY OF DELIVERY.

**YOUR NAME**

Please fill in your name  
address & telephone No.  
as sponsor.

**NAME OF FAMILY RECEIVING  
FOOD BASKET**

Please fill in name, address,  
floor number & telephone No.  
of family receiving basket.

**FAMILY PROFILE**

Please fill in number of  
adults & children in the  
family & list total below

(NAME) (NAME) ADULTS CHILDREN

(ADDRESS) (ADDRESS, FLOOR/APT.#)

(CITY) (State) TOTAL FAMILY MEMBERS

PHONE # PHONE #

**\*\*THE SPONSOR IS RESPONSIBLE FOR PICK UP AND DELIVERY OF THE FOOD BASKET.\*\*** **THANK YOU!**

PLEASE FAX THIS FOOD BASKET APPLICATION FORM TO FAX # 508-998-2969

(PLEASE VERIFY ALL FAXED APPLICATION WITH JOHN PEREIRA)

**YOU MUST MAIL THIS FOOD BASKET APPLICATION FORM BY:**

**DEADLINE DATE:** DECEMBER 5<sup>TH</sup> 2016

**PICK UP LOCATION:** ABC DISPOSAL  
1228 SHAWMUT AVE  
NEW BEDFORD MA.

**PICK UP DATE & TIME:** DECEMBER 18, 2016 BETWEEN 9 A.M. AND 12 NOON

**IF YOU HAVE ANY PROBLEMS ON PICK UP DAY, PLEASE CALL:**

**John Pereira 774-263-0723**  
**Shaun Ferreira 508-717-4459**

FAX# 508-998-2969 (PLEASE VERIFY ALL FAXED APPLICATION WITH JOHN PEREIRA)

-PLEASE FILL IN THE FOOD BASKET APPLICATION SHOWN ABOVE.

WE WILL NOT ACCEPT TELEPHONE ORDERS.

-PLEASE FOLLOW ALL INSTRUCTIONS AND FILL IN ALL INFORMATION REQUESTED.

-PLEASE MAKE EXTRA PHOTO COPIES OF THIS NOTICE AND ORDER FORM IF YOU KNOW OF MORE THAN ONE  
NEEDY FAMILY.

-THE BOARD OF DIRECTORS RESERVES THE RIGHT TO LIMIT THE NUMBER OF BASKETS GIVEN BY EACH MEMBER.

-BASKET CANNOT BE PICKED UP BY THE RECIPIENT FAMILY.

-YOUR APPROVED APPLICATION FORM WILL BE NUMBERED AND READY FOR PICK UP ON THE DAY OF DELIVERY.