

BEISEKER CHRISTMAS HAMPER GROCERY & GIFT CARD APPLICATION

(to be completed by applicant)

Office Only
Hamper # _____
Pickup Date & Time _____

Date: _____

of Adults: _____ # of Children: _____

Comments _____

Why are you in Need? _____

Only list individuals LIVING WITH YOU

APPLICANT NAMES	AGE	GENDER	GROSS MONTHLY INCOME

Street Address: _____ Cell # _____ Email _____

How to Submit your Completed Application: Email to: gpeckham@beiseker.com or info@nrvc.ab.ca
Fax: 403-947-2146 or 403-945-3901
Drop off: Village of Beiseker Admin Office attn: Gail

Applicants will be subject to screening to determine need. Eligibility is based on income, and you must be a resident of Beiseker or immediate area.