Community Assistance Request Form

(All questions must be answered completely or will delay processing)

Referring Agency or Organization: _____

Agency's Contact Person: _____ **Ph:** _____

Is your agency participating in another toy drive? ____ yes or ____ no

Family's Name: Last: _____ **First:**_____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Alternate #:** _____

E-mail: _____

What services is your agency currently assisting this family with? (Please check all that apply)

_____ rent/mortgage
_____ electric/utility
___Christmas assistance (toys or food)
___ Other _____

Total Number of Children in Family: _____

*(Specific requests for toys not accepted)

Gender:

____ boy age____
____ boy age____
____ boy age____
____ boy age____
____ boy age____

Gender:

____ girl age____
____ girl age____
____ girl age____
____ girl age____
____ girl age____

Maximum number of requests an agency can submit: **10 families.**

Requests can be faxed to (352) 438-5994 or sent to **monica@breakthesilenceonviolence.org**

Deadline to submit requests: **Friday, December 9, 2011.**

Referral Completed by: _____ Date: _____

Please call Diane at (352) 438-5990 for information or questions.