

6th Annual Cumberland Cape Atlantic YMCA



BLESS IT FORWARD

Holiday Donation Drive

Spreading Joy Gifting Hope

2024 YMCA Bless it Forward Donation Drive Request Form

If you or your family are suffering hardship and are in need this holiday season, please fill out the below form. All information will remain confidential. Provide as much detail as possible. We will make every effort possible to be a blessing to as many individuals and families in need as donations will allow. This program, like our YMCA, is open to ALL individuals and families. Recipients must have the ability to come to our facility on East Landis Avenue in Vineland during assigned times to pick up your gifts, groceries, and household goods. Each request will be reviewed and if you are selected, you will be contacted by our staff and given your pick up date and time options.

Your Name: _____ **Phone Number:** _____

Email Address: _____

Home Address or Current Living Situation: _____

Please provide us with the below information for each person who resides in your household. While we can not guarantee gifts will match your request we will make every effort to bless each person with something to unwrap.

	Full Name (Including Yourself)	Date of Birth (mm/dd/yyyy)	Age	Gender M/F/U	Needs, Interests, Sizes (Clothing & Shoes)	
1					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
2					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
3					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
4					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
5					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
6					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
7					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>
8					Clothing Size: _____ Shoe Size: _____	<input type="checkbox"/>

Are you currently a Cumberland Cape Atlantic YMCA member? YES or NO

How many people reside in your household? _____ Adults _____ Children

EMPLOYMENT STATUS:

- Currently Unemployed
- Social Security/Disability Recipient
- Employed Part Time ONLY
- Employed Full Time
- Student ONLY

HOUSEHOLD INCOME:

- Less than \$30,000
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000+

RACE/ETHNICITY:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Rather not say

Please describe in the section below, in detail, some of the challenges, (personal, financial, or medical) that you are currently facing and why you should be considered for this program.

On behalf of our YMCA, we are praying for each of your families and wish you and your family a Safe and Merry Christmas.



- For Office Use Only - MSR: Add note to account in Daxko. If no account, create a community account with the information available, then submit all forms to the BIF folder in Lynetta's mailbox.
Request Approved Request Denied Reason: _____ Scheduled Pick Up Date/Time: _____