



**Lake County Food Pantry, Inc.**  
**P.O. Box 61, Madison, SD 57042**  
**"People Sharing Food & Clothing"**

**Holiday Food Basket and Angel Tree Gift Application**

You must complete and return this form to Interlakes Community Action Partnership (ICAP) or Madison Department of Social Services or by mail (PO Box 61) by **November 15**, to be considered eligible for a Holiday Food Basket and Angel Tree Gift. **\*\*Only one application per family or household should be submitted.**

Please check mark  the program(s) you want to participate in:

- Angel Tree Gifts (gifts for children)
- Holiday Food Basket Program (basket of food)

(If you want to receive both programs please check mark  both boxes.)

Head of Household \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ S.D. Zip Code \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize the release of the above information to agencies, organization, etc. that wish to provide special gifts, services, or food baskets to my family during the holiday season. This release form will not be used for any other purpose. I herewith release the Lake County Food Pantry from any and all liability to me or members listed as household for supplying this information.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse/Other Adult Member of Household \_\_\_\_\_ Date \_\_\_\_\_

**Holiday Food Baskets and Angel Tree Gifts will be delivered to your home on Saturday morning, December 16. Someone M U S T be home that morning to accept them.**

**\*PLEASE CALL ICAP AT (605)-256-6518 WITH ADDRESS CHANGES ! (THIS IS VERY IMPORTANT)**



### Holiday Food Basket and Angel Tree Gift Application

If you want to receive a Holiday Food Basket, please complete the form below including all members of your household.

<b>HOLIDAY FOOD BASKET</b>					
NAME	AGE	NAME	AGE	NAME	AGE

**If your child(ren) want to receive Angel Tree Gifts, please complete the section below according to the following guidelines:**

- gift requests should not exceed \$50
- each child may request **one clothing item and one toy item.**
- age limit is prior to high school graduation
- if child(ren) are listed in more than one household, they will receive gifts in **ONLY** one household, not both

**Please indicate the following sizes for clothing and shoes (boots):**

~ Infant (I) ~ Toddler (T) ~ Juniors (J) ~ Adult Man (AM) ~ Adult Woman (AW)

#### **ANGEL TREE GIFTS**

CHILD FIRST & LAST NAME	AGE	GENDER	CLOTHING REQUEST	SIZE	TOY REQUEST	
		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				
		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				
		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				
		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				
		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				
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		<input type="checkbox"/> GIRL <input type="checkbox"/> BOY				

*Office Use Only*