

---

---

Dear Family,

Officers

**PRESIDENT**

Sherry Lawfield

**VICE PRESIDENT**

Michelle Groth

**TREASURER**

Samantha Hudson

**SECRETARY**

Sara Hackel

**BOARD TRUSTEE**

Dan Growth

**MEDIA TECHNOLOGY**

Anthony Cascianelli

We are contacting you because you have inquired or have been referred to us for holiday assistance. Our goal is to support as many children in our area that budgeting allows. We want to help your children have a wonderful holiday season, while you are adjusting to economic changes in your family.

We are able to provide support to your family through generous community support, including fundraising activities, cash donations, adopt a family program with local families and businesses, non-cash contributions and hundreds of volunteer hours to run the program.

Our goal is to help as many families as possible. Listed below are the general guidelines we use to determine eligibility.

1. Our primary service area consists of residents in the Anchor Bay area,
2. We do not provide gift cards or expensive electronics as gifts for your children. Our goal is to ensure they have the accessories necessary for school and play.
3. We provide services for a **maximum of three years** for any individual family. Assistance is based on availability and reasons for help.
4. **You may not register** with another local organization to receive assistance. We verify with other organizations (Goodfellows, Salvation Army, Shop with a Cop etc) to control duplication of efforts. Registering with multiple organizations may result in removal from the program.

If you do not meet the above guidelines but still want to be considered for assistance, or have additional questions, contact Sherry (586) 405-0225 or Michelle (586) 747-1196.

In order to select appropriate candidates and to expedite the registration process, fill out the attached questionnaire along with the children(s) wish list attached. Return completed forms to the address listed on the forms. Upon acceptance, you will receive a confirmation letter and pick up instructions detailing the pickup instructions.

Thank you for your time and patience.

Sincerely,

Anchor Bay Community Giving Tree Board of Directors

**\*\*\*\*FAILURE TO COMPLETE THE ENTIRE FORM WILL RESULT IN YOUR APPLICATION BEING REJECTED\*\*\*\***



# Anchor Bay Community Giving Tree 2024 Family Registration

---

---

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address( for pick up instructions): \_\_\_\_\_

School/School's currently attending: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Please list child(ren) name(s) and age(s) – Please note, the Anchor Bay Community Giving Tree does not provide assistance to children over the age of 13 unless special circumstances apply (please explain):

\_\_\_\_\_  
\_\_\_\_\_

Have you been assisted by the Anchor Bay Community Giving Tree for three or more years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many years have you been assisted: \_\_\_\_\_

Have you been assisted by another community organization in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the year you received assistance and from which organization. \_\_\_\_\_

**REQUIRED**-Provide details about your hardship. If we have provided assistance in the past, please explain why there is a continued need. If additional space is needed, please attach additional sheet(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit this questionnaire along with the attached wish list in the self-addressed stamped envelope and mail to:

Anchor Bay Community Giving Tree  
P.O.Box 938  
New Baltimore, MI 48047