



# Church/Group Drop-off Form

LOCATION CODE: \_\_\_\_\_

DATE (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**BY FILLING OUT THIS FORM, I ACKNOWLEDGE I AM 18 YEARS OF AGE OR OLDER.**

NUMBER OF SHOEBOX GIFTS YOU ARE DROPPING OFF ON BEHALF OF A CHURCH OR GROUP: \_\_\_\_\_

CHURCH/GROUP NAME:

\_\_\_\_\_

CHURCH/GROUP MAILING ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHURCH/GROUP PHONE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

YOUR PHONE: \_\_\_\_\_

YOUR EMAIL: \_\_\_\_\_

**ARE YOU THE PROJECT LEADER FOR YOUR CHURCH OR GROUP?**  YES  NO

BY GIVING US THIS INFORMATION, YOU ACKNOWLEDGE THAT YOU ARE ALLOWING US TO PROVIDE YOU WITH FURTHER COMMUNICATIONS ABOUT OUR MINISTRY, EVENTS, AND VOLUNTEER OPPORTUNITIES.

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CHURCH/GROUP PHONE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

YOUR PHONE: \_\_\_\_\_

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