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20	22 CARING FOR KI,	DS	* * *
	PERRY COUNTY COMMUN	VITY CLUB	
	*		
	VOUCHER RE	2 UES/	C × *
		*	*
×	Parent/Guardian Name:Phone: ()	*	*
•	Mailing Address:		
	City/State/Zip:	- 4	
Children of the Household			
	NAME	Date of Birth	MALE/FEMALE
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	4 00 1 2 2		•
Estir	mated Annual Income: \$		4
•	rry County Community Club is a non-profit organization whi	ch provides Christ	mas for Children in
	t is operated entirely upon donations. No promises are made n must live in Perry County. THE CUT OFF IS 12 YEARS OF	•	-
	ned address. Please attach the following to this application		***************************************
*Picture ID of the Applicant (Must be Parent/Guardian)			
*Recent piece of mail for proof of residence.			
I understand and certify that the information provided above is accurate and complete to the best of my knowledge. I understand that without complete information my application can be rejected. I also			
understand and certify that I have not received nor applied to any other organization for help with toy for Christmas.			
Parent/Guardian:			te: