Christmas Sharing

Sharing the Love of Christ in the Christmas Season

For Clay County Residents

Application Information Form

Name: _____ **Mailing Address:** _____

Phone: _____ **Residing Address:** _____

Members of Household: Total Number of members in this household: _____

Adults:

Name: (first and last)	Place of Employment:
_____	_____
_____	_____
_____	_____

Children: (List all children age 18 and under whose **main residence** is at this address)

Name: (first and last name)	Age:	Name: (first and last name)	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned voluntarily requests assistance and agrees to redeem the Gift Certificates at the participating businesses before the expiration date on the certificates. He/She also releases Christmas Sharing, Lighthouse for Christ, any member thereof, and the original donor from any liability. Furthermore, the recipient agrees not to offer for sale, or permit the sale of items or services received.

Pursuant to Public Law 93.578 (the Privacy Act of 1974) I have made these disclosures freely and voluntarily with full knowledge that any and all information provided be used for the purpose of determining my eligibility for assistance. By this consent, I hold Christmas Sharing, Lighthouse for Christ, and any members thereof, and the original donor, harmless from any liability that may occur as a result of any disclosure of the information on this form.

I, the undersigned, verify the above statements to be true to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Return **Before November 24th, 2025,** to

Christmas Sharing, c/o Lighthouse for Christ, PO Box 231, Clay Center KS 67432

If late, the application may not be accepted.

E-mail director@lighthouseccks.org or bring into the Lighthouse at 413 Lincoln Ave. on Mondays (Noon to 3 pm) or Thursdays (Noon to 5 pm). If you have questions, call 785-447-9359.