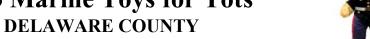


PARENT/GUARDIAN NAME (LAST, FIRST)

2025 Marine Toys for Tots



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Applicants and Children must live in Delaware County

ORGANIZATION NAME	HARRYS HANDS TO HELP AND HEAL
Organization number (Toys for Tots will provide)	04 - 1446985
Organization Contact Name	
Phone Number	
Organization Alternate contact Name	
and Phone number	

***** ALL FIELDS MUST BE COMPLETE ***** TOYS CANNOT BE PROVIDED FOR INCOMPLETED FORMS

FAMILY INFORMATION

PLEASE PRINT CLEARLY- ONLY ONE FORM PER FAMILY

ADDRESS					
CITY, STATE ZIP					
PHONE NUMBER					
EMAIL					
Initial	Application Understanding and Requirements for Toys for Tots Delaware County				
	I understand Toys for Tots is committed to helping those in need. The Delaware County community donated toys with the intent they will be distributed to children on this form and the children live in DELAWARE COUNTY.				
	I understand, before receiving assistance, I may be required to provide proof of the information submitted on this form. I will only				
	make one request for assistance from one charitable organization. Toys for Tots works with multiple charities and will consolidate				
	applications. Duplicate Applications will be deleted.				
	I understand this request is submitted to a vetted charity organization. They will act on my behalf to request support from Toys for				t support from Toys for
	Tots. I will contact the charity organization listed above with questions or concerns.				
	I understand this charity organization and Toys for Tots cannot guarantee the fulfillment of this request. Toys for Tots will exhaust every effort to provide toys.				
	I understand Toys for Tots mission is to distribute toys to families in need. Please list below any assistance you receive to ensure we support those truly in need. Evidence of assistance may be requested by charitable organization prior to them submitting this application.				
Parent / Guardian Signature below understands and a			accepts requirements	; ;	Date

Children's Information

AGE (0-13)	CIRCLE (OR CHECK ONE	FIRST AND LAST NAME
	□воу	\Box GIRL	
	□воу	\Box GIRL	