

2nd Annual Thanksgiving Basket Giveaway 2019

Registration Form

Registration forms must be received by November 1, 2019 at 5:00 pm. You may either mail form to Women Evolving, Inc. PO Box 236804 Cocoa, Fl. 32923 or drop off your form at The Gibson Center 835 Sycamore St. Titusville, Fl. 32789 or email your form to pptyouth@gmail.com. Thanksgiving Baskets are limited to the first 20 registration forms received. Families requesting a Thanksgiving Basket will be contacted by phone or email by November 16, 2019 to explain the details for receiving your food basket. If you have any questions or concerns, please contact Shalanda Smith at (321) 222-0552 or Dotralee McNeal at (321) 363-9333

PLEASE PRINT CLEARLY

First and Last Name: _____

Phone: _____ Cell Phone: _____ Text OK? _____

Email: _____

Best way to reach you _____ May we leave a message regarding your Thanksgiving basket?

Yes No

Physical Address: _____

Identify the number of people living in your household: Adults: Male: _____ Female: _____

Children: _____

Please check here if your basket will be picked up by someone other than yourself. NOTE: Please list name of person picking up basket on your behalf.

Name of Recipient _____

Do you have an oven large enough to cook a turkey? Yes No

Special food instructions, including how many in your household have dietary restrictions: _____

By providing this information, I understand that my name and information and that of my immediate family will be given to local organizations for the purpose of any future community events. This information will only be used as is necessary to provide information regarding community based organizations and services.

Signature _____ Date _____

Basket # _____ (#Assigned by staff)