



Client # : _____

Appointment : _____

Recipient's information

Given name, name: _____ DOB: _____

Address : _____ Civil Status : _____

Postal code: _____ Ville : _____ Phone Number : _____

Household information (partner, children)

Given name, name of partner : _____

DOB : _____ Number of adults in household : _____

Number of children in household

DOB : _____ M F _____ M F

_____ M F _____ M F

_____ M F _____ M F
List DOB and circle gender of each child

_____ M F _____ M F

_____ M F _____ M F

Allergy: _____

Reference (with no family relation)

Given name, name : _____ Phone number : _____

Explanation (explain to us why you are asking for a Christmas Basket)

Documents to provide

Copies of proof of expenses, income or bank statements of two last month (lease or recent rent receipt, electric bill, phone bill, television bill, internet bill)

Copies of official debt documents (debts between persons are not accepted)

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Deadline
Friday 1st December

Return the form and the documents in person, by email at projetmad@cabmrcoaticook.org or by mail at

Accepted persons will be contacted before December 8th

23 rue Cutting, Coaticook, (Québec) J1A 2G2

Rééserved for CAB

Denrées : _____

Coupons : _____

Responsable : _____