



**Most Holy Redeemer Catholic Church  
St. Vincent de Paul Outreach Ministry**

**Thanksgiving OR Christmas Basket**

To be eligible, family income with 2 in family qualifies if income is less than \$16, 240; family of 3 if income is less than \$20,420; family of 4 if income is less than \$24,600; family of 5 if income is less than \$28,780; or family 6 if income is less than \$32,960

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Circle one: Thanksgiving Basket OR Christmas Basket**

**Giving Tree Application**



The Giving Tree Program is for children under 16 years of age. Each child may receive two items; and each item must not be valued at more than \$25.

First Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Gift 1: \_\_\_\_\_ Gift 2: \_\_\_\_\_

Second Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Gift 1: \_\_\_\_\_ Gift 2: \_\_\_\_\_

Third Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Gift 1: \_\_\_\_\_ Gift 2: \_\_\_\_\_

Fourth Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Gift 1: \_\_\_\_\_ Gift 2: \_\_\_\_\_

I hereby state that the above statements are true and correct. I understand that a false statement may disqualify my children from participating in the Giving Tree program. All children listed are my biological children, in my custody or are adopted. Custody or adoption papers are attached.

Parent Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

**Fold paper and place in offertory basket or drop off at Parish Office.**