

**SAVE
THE
DATE**



**The Aliveness Project
Holiday Party and Giveaway
Wednesday, Dec. 19
11am-7pm**

Join us for games, prizes, cookies, entertainment, and holiday meals! Pick up hats, gloves, scarves, and socks for you and your family!

TEAR HERE -----TEAR HERE -----

HOLIDAY GIVEAWAY & PARTY RSVP



IF YOU ARE ATTENDING THE HOLIDAY PARTY, THIS IS THE ONLY PAGE YOU NEED TO FILL OUT.

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There is no need to write sizes. We will provide the same amount of hats, gloves, scarves, and socks as last year until they are gone.

PLEASE RSVP BY NOVEMBER 2

TODAY'S DATE:			
APPLICANT:		ACCESS #	
FIRST NAME:		LAST NAME:	
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:			
DAYTIME PHONE:			
EMAIL:			

RSVP Here

- I will attend the **Holiday Party** on **Wednesday, December 19** between **11 a.m. - 7 p.m.**
- ____ How many immediate family members will be attending?
- ____ How many dependent children (under the age of 16) will need Toys for Tots?

What's included?

The Holiday Giveaway provides a hat, gloves, scarf, and socks to members (and their family); as well as Toys for Tots for dependent children under the age of 16.



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HOLIDAY GIVEAWAY DELIVERY APPLICATION

ONLY FILL THIS OUT IF YOU ARE MOBILITY IMPAIRED OR LIVE IN GREATER MN AND REQUIRE A DELIVERY

DELIVERY* APPLICATIONS ARE DUE BY NOVEMBER 2

**Deliveries will be made on Friday December 21 between 9 a.m. – 3 p.m.*

To receive your items **you must be home between 9 a.m. – 3 p.m. on December 21.*

**Greater MN packages will be shipped sometime in mid-December*

TODAY'S DATE:			
APPLICANT:		ACCESS #	
FIRST NAME:		LAST NAME:	
STREET ADDRESS:			
CITY:		STATE:	
		ZIP CODE:	
DATE OF BIRTH:			
DAYTIME PHONE:			
EMAIL:		GREATER MN:	

WHAT'S INCLUDED?

THE HOLIDAY GIVEAWAY PROVIDES A HAT, GLOVES, SCARF, AND SOCKS TO MEMBERS (AND THEIR FAMILY); AS WELL AS TOYS FOR TOTS FOR DEPENDENT CHILDREN UNDER THE AGE OF 16.

APPLICANT (YOU)

Gender

- Hat Size Small Medium Large X-Large+
- Gloves Small Medium Large X-Large+
- Socks Small Medium Large X-Large+
- Scarves are one size

SPOUSE/PARTNER

Gender

- Hat Size Small Medium Large X-Large+
- Gloves Small Medium Large X-Large+
- Socks Small Medium Large X-Large+
- Scarves are one size

CHILD 1

Gender

Age

- Hat Size Small Medium Large X-Large+
- Gloves Small Medium Large X-Large+
- Socks Small Medium Large X-Large+
- Scarves are one size

If infant/toddler, please include specific sizing for above items: Small - 2T.

CHILD 2

		Gender	<input type="text"/>	Age	<input type="text"/>
Hat Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	
Gloves	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	
Socks	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	

Scarves are one size

If infant/toddler, please include specific sizing for above items: Small - 2T.

CHILD 3

		Gender	<input type="text"/>	Age	<input type="text"/>
Hat Size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	
Gloves	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	
Socks	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large+	

Scarves are one size

If infant/toddler, please include specific sizing for above items: Small - 2T.

PLEASE ATTACH ADDITIONAL PAGE FOR ADDITIONAL CHILDREN IF NEEDED.

**Deliveries will be made on Friday December 21 between 9 a.m. – 3 p.m.*

To receive your items **you must be home between 9 a.m. – 3 p.m. on December 21.*

**Greater MN packages will be shipped sometime in mid-December*

Delivery Address (if different than above)

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
STREET ADDRESS:	<input type="text"/>		
CITY:	STATE:	ZIP CODE:	<input type="text"/>
DAYTIME PHONE:	<input type="text"/>		
EMAIL:	<input type="text"/>		

Signature: I confirm that my information is true and accurate. If I am mobility impaired (or in Greater Minnesota) I authorize the sharing of my name/address for delivery/shipping purposes.

_____ (applicant signature)

Questions?

For more information, please contact **Paul Nemeth | Member Services Coordinator**

Email: paul@aliveness.org or call: 612.822.7946 x 222

Return completed form to:

The Aliveness Project
 Attn: Holiday Giveaway
 3808 Nicollet Avenue
 Minneapolis, MN 55409



