



Hanson Community Christmas Application

If you are seeking assistance this holiday season, please complete this application and mail it to the following address no later than November 30, 2021.

Hanson Community Christmas
P.O. Box 243
Hanson, MA 02341

Once we receive your application, we will send you your family's ID # and pick-up information.

***You must include proof of Hanson residency with this application by including a copy of a current bill showing your name and address. Applications missing this information will not be considered.**

Name: _____ Phone _____

Address: _____ Email _____

Please tell us about your family: Number of Adults _____ Number of Children _____

Ages of everyone in household _____

If you receive assistance from other sources, please indicate below:

_____ SNAP	_____ Food Pantry
_____ Fuel Assistance	_____ Church
_____ Social Security	_____ Other _____

Do you need a Christmas tree? Yes _____ No _____

Please write a brief statement about your family's situation so we can best assist you.

Please use the following page to provide gift ideas for your children.
Please complete the information below. Do not request gift cards.

Child's Age _____ Gender _____ Grade _____ Clothing Size _____ Shoe Size _____

Child's Interests/Hobbies _____

Please suggest specific items for your child:

Child's Age _____ Gender _____ Grade _____ Clothing Size _____ Shoe Size _____

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Please suggest specific items for your child:

Please list other needed items below.

