



Application form - 2024 Request a Christmas basket

Client #:

de l	Voël Z	2024	/ 100	DET	LA MK	RC DE COATICOOK	Appointment:			
Informations sur le	bénéfi	iciaire								
First name, Last name :							Birth date :			
Adress :										
Postal code :										
Income source:	Job	Social assistance	Employment i			Student	Other			
Have you ever receiv							YES	NO		
Informations du mé	nage -	- conjoint(e) et enfa	nt(s)							
First name, last name of	of spous	se:								
Birth date :							Number of adults i	in household:		
Number of dependent	children	n under 18 in the house	ehold :							
Birth date :				М	F				М	F
				М	F				М	F
Enter date of of birth				М	F				M	F
and circle the gender of each child				М	F				- M	F
of each child.				М	F				<u>.</u> М	F
-				•	•				-	1
Allergy:										
Reference										
First name, Last name	; :					_	Phone #:			
Reasons for reques	st (exp	olain why you need a	a Christmas ba	sket)			_			
			_				•	_		
We reserve the righ	nt to re	equest additional do	cumentation.							
DEADLINE FRIDAY, DECEMBER 6 Submit the form in person, by e-mail to adjmad@cabmrcoaticook.org or by mail to 23 Cutting Street, Coaticook, Quebec J1A 2G2 Those accepted will FRIDAY DECEMBER 6										
Reserved for CAB										
Commodities :						Coupons :				
					esponsable :					