

ID # CR

UNITED WAY OF HUNTERDON COUNTY (UWHC) / COUNTY RESIDENT (CR)



Holiday Hands Gift Request 2020

ALL FORMS DUE TO UNITED WAY OF HUNTERDON COUNTY BY **OCTOBER 30, 2020**

Mail to: UWHC, PO Box 2290, Flemington, NJ 08822 or Drop-off at: 20 Fulper Rd, Flemington NJ 08822

PLEASE USE BLACK INK AND PRINT CLEARLY!

Head of Household Information (Main Contact)

First name _____ Last name _____ Birthdate (MM/DD/YY) _____

Street address _____ Apt # _____ City _____ Zip _____

Phone # _____ Alternate phone # _____ Email _____

Head of Household: Please circle your best answer to the questions in the boxes.

Your answers will help us improve our program and will not be shared outside UWHC or affect your participation in this program.

What is your race / ethnicity?	Household Income Range	Preferred Language	Mode of Transportation	What is the highest level of schooling you have completed?	How do you plan to file your 2020 tax return?
Caucasian	Disabled	English	Own Car	Less than High School	United Way's VITA Program
Hispanic	Unemployed	Spanish	Taxi	High School Diploma / GED	I prepare my tax return alone
African American	\$1K - \$20K	Arabic	Link	Some College	A Friend or Family member prepares my taxes for me
Asian/Pacific Island	\$20K - \$40K	Other	Friend/Neighbor	Associates Degree	I pay a Professional
Middle Eastern	\$40K - \$60K		None	Bachelor's Degree	I do not file a tax return
Other	\$60K - \$80K			Masters / Doctorate Degree	
	\$80K - \$100K				
	\$100K+				

Other ADULTS in household:

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

CHILDREN (21 years or younger) living in household (ONLY immediate family qualifies – son, daughter, foster child):

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

Full Name _____ Birthdate ___/___/___ Gender _____ Relationship to head of household _____

I authorize the release of the information contained in this request to UWHC. I understand that the information on the **back of this form** will be shared with donors. UWHC does not guarantee that I will be matched with a donor or receive any gift(s) that are requested. I understand that UWHC will check with other holiday programs for duplication and the other group will be asked to serve my family.

Signature: _____ Date: _____

Complete Reverse Side! 

OFFICE USE ONLY	Entered Data: _____ (date) (initials)	Wish list Scanned: _____ (date) (initials)
	Reviewed: _____ (date) (initials)	Wish List Uploaded: _____ (date) (initials)

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**NOTE TO CLIENTS: FORMS DUE BY OCTOBER 30th, 2020.
APPLICATIONS RECEIVED AFTER DUE DATE ARE PUT ON WAITLIST.**

You will be notified as soon as your gifts are ready to be picked up.
DO NOT write in GRAY boxes and leave box blank if you do not need/want.

THIS IS A SAMPLE ONLY!!

Initials	A. B.
Gender and age	F, 10
Toy or other item	Art supplies
Toy or other item	JoJo Sawa Bows
Bed Linen Size (circle)	K Q F T
Gift Card Preferred	Walmart
Actual Gift value	Total \$
Gift Card Value	Total \$

K=King, Q=Queen, F= Full, T=Twin

ADULTS IN HOUSEHOLD If adult does not need item leave space blank.

Initials		Donor		Donor
Gender and age		only		only
Household item				
Bed Linen Size (circle)	K Q F T		K Q F T	
Gift Card Preferred				
Actual Gift value	Total \$		Total \$	
Gift Card Value	Total \$		Total \$	

What do you prefer (circle)? **bed linens** **towels**

CHILDREN IN HOUSEHOLD *Additional children should be added on another paper. If child does not need an item leave space blank.

Initials		Donor		Donor		Donor		Donor
Gender and age		only		only		only		only
Toy or other item								
Toy or other item								
Bed Linen Size (circle)	K Q F T		K Q F T		K Q F T		K Q F T	
Gift Card Preferred								
Actual Gift value	Total \$		Total \$		Total \$		Total \$	
Gift Card Value	Total \$		Total \$		Total \$		Total \$	

DONOR ONLY

Please fill out information below



DONORS: PLEASE BRING THIS FORM WITH YOU WHEN YOU DROP OFF YOUR DONATIONS.

Please limit gift donations to \$50 per person. Each year we have clients who do not get adopted. If you are able to spend additional funds please consider adopting another family and/or individual.

Gifts: Please leave gifts unwrapped and put in black utility bags. Tag each bag with Client ID#.

We appreciate donations of wrapping paper, tape, and bows for the clients to use.

Please list the value of all gifts in the gray shaded box on right side of **each** item above.

Gift Cards: Please write the value on each card, place inside an envelope, mark with the Client # & total dollar amount and hand to the staff/volunteer that checks in your gifts. **DO NOT TAPE GIFT CARDS ONTO THE BAG!**

Donor Information (please print clearly)	Volunteer Use ONLY:	Office Use ONLY:
Name _____	Drop-off Date _____	Gift Card Tracked _____ (date) _____ (initials)
Company/Org _____	Total Actual Gifts Value _____	Donor Info Entered _____ (date) _____ (initials)
# of Gift Cards _____	Total Value of Gift Cards _____	Client Info Entered _____ (date) _____ (initials)