

Goldendale Community Thanksgiving Food Basket Application

Complete Application and Mail to

OR Take Application to

Klickitat County Senior Services

Mt Adams Transportation
115 W Court, Office 101
Goldendale

Thanksgiving Food Basket Committee
c/o Christ the King Lutheran Church
PO Box 48
Goldendale, WA 98620



by Monday, November 4th

Name: _____
Mailing Address: _____
Physical Address: _____
Phone Number: _____

Please list the names and ages of who will be spending Thanksgiving with you.

First and Last Name	Age	First and Last Name	Age
(Yourself) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there special circumstances that will help the committee determine your eligibility?

- Thanksgiving Food Baskets are funded entirely by donations from community members.
- Funds are limited and, unfortunately, not everyone who applies will receive a basket.
- We will mail you a letter to let you know whether or not you will receive a basket.



I understand that completion of this application does not entitle me to receive a basket, and I have included all necessary information to contact me regarding my family's eligibility.

**Applications
must be
received by:**

**Monday,
November 4th**

Signature of applicant

Date

*** All information must be completed above, or the application will be denied.***