COMMUNITY ANGELS AMONG US



Complete ONE form for EACH recipient OR scan QR code on the right to submit form online.

Recipient Code
(For Office Use Only)

RECIPIENT (MUST BE A DUNN COUNTY RESIDENT)

First Name: _____ Last Name: _____

Address: _____

City: _____

Preferred Phone #: _____

Preferred Email: _____

Age: _____ ☐ Male ☐ Female

CLOTHING SIZES Mark size type and indicate size.

TOP	BOTTOM	COAT	SHOES
☐ ADULT	☐ ADULT	☐ ADULT	☐ ADULT
☐ YOUTH	☐ YOUTH	☐ YOUTH	☐ YOUTH
☐ TODDLER	☐ TODDLER	☐ TODDLER	☐ TODDLER
☐ INFANT	☐ INFANT	☐ INFANT	☐ INFANT
SIZE:	SIZE:	SIZE:	SIZE:

MISCELLANEOUS INFORMATION

Needs: _____

_____

Hobbies/Interests: _____

_____

Additional information that could be helpful in selecting gifts for the recipient (e.g., special needs, allergies, preferences).

_____

_____

Choose your gift pick up location:

Gifts will be distributed on December 16th during regular food pantry hours at both locations.

☐ Killdeer Food Pantry
103 Rodeo Dr.

☐ Halliday Food Pantry
30 4th Street S.

PARENT/GUARDIAN/NOMINATOR

(Do NOT complete this section if filling form out for yourself.)

First Name: _____ Last Name: _____

Phone #: _____

Email: _____

Address: _____

City: _____ State: ____ Zip Code: _____

COMPLETED FORMS DUE NOVEMBER 18TH!

Scan QR code to submit your information!

DROP OFF LOCATIONS:

- **Killdeer**
  - City Hall
  - Bravera Bank
  - First International Bank
  - Food Pantry
  - Hill Top Home of Comfort
  - Legacy Lodge
  - Cowboy Station
  - Killdeer Public Library
- **Manning**
  - Courthouse
- **Halliday**
  - Union Bank
  - Halliday Public Library
- **Dodge**
  - City Hall
- **Dunn Center**
  - City Hall

EMAIL TO:
CommunityAngels53@gmail.com

MAIL TO:
Community Angels Among Us
PO Box 53
Killdeer, ND 58640-0053

QUESTIONS?
CONTACT SARA: 701-260-9530

CONSENT & AGREEMENT

I understand the information provided is confidential and will only be used to fulfill the recipient's wish list for the Angel Tree Program.

Date: _____

_____
Signature