



FAHASS TOYS FOR TOTS APPLICATION

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Primary Contact Number: _____

Secondary Contact Number: _____

Email Address: _____

Are you receiving assistance? If so, what are you receiving?

Number of kids you are signing up: _____

You must have direct guardianship of kids you are signing up. Up to 6 kids for individual families can be submitted.

Gender

Age

NO APPLICATIONS ACCEPTED AFTER 5:00 PM NOVEMBER 17TH

Contact Donna Powell for more information: 415 Elm Street, Fredericksburg, VA 22401 (540) 907-4555 ext. 118



Marine Toys for Tots Foundation