

GOLDSTREAM FOOD BANK SOCIETY

Please fill out this form and return it as soon as possible to: Goldstream Food Bank, 761 Station Ave., Victoria, BC V9B 2S1, Phone 250-474-4443, or mail to Goldstream Food Bank, Westshore PO Box 28122, Victoria, BC V9B 6K8, Email: goldstreamfoodbank@gmail.com

Are you a
Food Bank Client?
Yes No

1. You will receive help from **only one agency**. Submit **one** application to **one** agency only.
2. Your signature is **required** at the bottom of this application.
3. **Identification will be required (including dependents) upon Pick Up/Delivery.**
4. In order to process your application, please ensure that the phone number, mailing address and email address are correct and legible. **If we cannot contact you, we cannot provide a hamper.**

PLEASE PRINT CLEARLY – Application deadline is November 29, 2024

First Name:		Last Name:	
Apartment #	House #	Street name:	
City:		Postal Code:	
Email:		Birthdate (MM/DD/YYYY):	
Phone #: ()		Cell Phone #: ()	

MY REQUEST FOR HELP ALSO INCLUDES THE FOLLOWING PEOPLE WHO LIVE AT MY ADDRESS:

OTHER ADULTS (spouse, adult children 18+ years):

FIRST NAME:	LAST NAME:	GENDER (M or F)	Birthdate (MM/DD/YYYY):

CHILDREN (17 years and younger):

FIRST NAME:	LAST NAME:	GENDER (M or F)	Birthdate (MM/DD/YYYY):

A SIGNATURE IS REQUIRED BELOW FOR US TO HELP YOU. By signing below, I confirm that:

- ✓ I have read the information above and **have not** applied to more than one agency;
- ✓ All persons listed above **live at my address** and need a helping hand.

THIS APPLICATION MUST BE RECEIVED BY GOLDSTREAM FOOD BANK NO LATER THAN NOV. 29, 2024. LATE APPLICATIONS MAY NOT BE ACCEPTED.

Signature of Applicant: _____ Date: _____