

# Angel Project Application 2019

We will not share, sell, or trade any information you give us; all your contact information, including your e-mail address, will be kept strictly confidential.

## Angel Project Location – Please fill in the location of your Angel Wall

Group Name (certificate will be made out in this name):	Complete Address:
Hours of operation:	Cross Streets:

## Contact Person Information

Name:	Email: (please print clearly)
Phone:	

Number of Angel cards requested: \_\_\_\_\_ Number of posters requested: \_\_\_\_\_

Will you pick up your Angel cards and posters? (please circle Yes or No to questions below)

**Yes**, please contact me when your Angel package is ready for pick up

**No**, please arrange for a volunteer to drop off the package

May we direct the general public to your location to pick up and Angel Card?

**No**, please do not direct the general public here

**Yes**, tell them the cards can be found at: \_\_\_\_\_

(e.g. on tree at entrance)

May we recognize you as an Angel Project participant publicly? (e.g. on our website, or in the Burnaby Now)

**No**, we would like to participate anonymously

**Yes**, you may recognize our participation publicly

Will you need a volunteer driver to pick up your toys for delivery to the Toy Room?

**No**, we will make sure to deliver them ourselves

**Yes**, we would like a pick up scheduled for: \_\_\_\_\_

Note: pickups can be arranged for Dec 2<sup>nd</sup> -16<sup>th</sup> with limited pick-ups on Dec 17th.  
(Due to limited volunteer drivers, pick up is for Burnaby only)

For deliveries to the toy room please call 778.385.5975 for location and hours.

Please fax this application to: **604-299-3755** or email **vicki@bbyservices.ca** We will email you to verify that we have received your application as soon as we receive it. Look for "Angel Project" in the subject line.

Office Use:	Email confirmation Sent: _____	No. of cards sent: _____
	Additional cards: _____	
Pick up day assigned: _____	Certificate mailed: _____	