



Countryside Cares | Angel Tree Program | Application

Head of Household

Name: _____

Address: _____

Phone Number: _____

How long have you been a Countryside resident? _____

Please tell us a little bit about your hardship:

Household Members: Please indicate adult or child, male or female, and age.

1.	4.
2.	5.
3.	6.

Signature: _____ Date: _____

Applications will be accepted: October 1, 2020 through December 4, 2020





Angel Tree Wish List

Please complete a wish list for each household member applying for the program. Numbers must correspond to information on the front page. Due to COVID restrictions and to ensure your safety, we are requesting wish lists are for gift cards to Countryside businesses.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

