

Sunshine Basket Application

Nominee Information

Full Nam	e: 			
	Last	First		
Address:				
	Township			
	licy that the nominator do tact us to discuss other op	elivers the sunshine basket when it is restions.	eady. If you are unable to do so	
Nominated	d By			
Name		Email		
Phone:				
I would like	e to receive updates from	CRM via e-mail: Yes No		
Is this for a	n individual or a family?			
If for a fam	ily how many are in the h	ousehold?		
If the back	at is for a family list the ac	see and gender of any children (if you h	asya mara information to offer	

If the basket is for a family list the ages and gender of any children (if you have more information to offer about the preferences of the children, please include that on the back side)

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	.ge .ge		F F					
3. A	.ge	_ Gender: M	F					
4. A	.ge	_ Gender: M	F					
Food Preferences: (please circle one on each line)								
•	Coffee	Tea	None	2				
•	Chocolate:	Yes	No					
What do	es this person	like?						
Dietary Restrictions:								
Other suggestions you might have for this person's sunshine basket								
Brief description of why you are nominating this person/family for a sunshine basket								

Disclaimer: Christian Resource Ministry Inc will include some Christian literature in each sunshine basket.