Angel Project Application

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	mber of posters requested:	
Will you pick up your Angel cards and posters? (please	circle Yes or No to questions below	<i>'</i>)
Yes, please contact me when your Angel pa	ckage is ready for pick up	
No, please arrange for a volunteer to drop o	ff the package	
May we direct the general public to your location to pick	cup and Angel Card?	
No, please do not direct the general public h	ere	
Yes, tell them the cards can be found at:(e.g. on the		(e.g. on tree
at entrance)		
May we recognize you as an Angel Project participant p	oublicly? (e.g. on our website, or in t	he Burnaby Now)
No, we would like to participate anonymousl	у	
Yes, you may recognize our participation pu	blicly	
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 ourse	lves	
Yes, we would like a pick up scheduled for: Note: pick ups can be arranged for Dec 1 st - (Due to limited volunteer drivers, pick up is f For deliveries to the toyroom please call 778	or Burnaby only)	_ th.
Please fax this application to: 604-299-3755 or email we have received your application as soon as we re	eceive it. Look for "Angel Project" in	the subject line.
Office Use: Email confirmation Sent:	No. of cards sent:	Additional cards:

_____ Certificate mailed:

Pick up day assigned: _