PEARL CITY C.U.S.D. #200



100 S. Summit

Pearl City, Illinois 61062

815-443-2715 Fax - 815-443-2237

TIM THILL Superintendent KELLY MANDRELL JH/HS Principal

CHRISTINA WALLACE Elementary Principal

Dear Parent,

	oughout the school year individuals and service organizations provide cally include clothing, food, and Christmas gifts.
If you would like to be considered to receive a donation please complete the form below.	
Yes, I would like for our family	to be considered for donations.
	Food Clothing Other Christmas Gifts (please indicate for children, adults, or both) Children Adults Both
No, my family is not in need of o	donations at this time.
If you marked yes, please answer the fo	ollowing questions.
I am able to pick up the donations from donations yes no	a local church or the school or arrange for someone else to pick up the
I am willing for a church or community	member to deliver the donation to my home yes no
for the purpose of a church or communi	dress to be released to a church or individual that is providing donations ity member to deliver the donation to my home yes no your family may need? yes no (if yes, please provide contact information)
Please complete the attached release of	information if relevant.
	organizing and delivering donations is to allow the process to flow yeral people to be involved so one or two people are not responsible for nations.
Date:	Parent Phone Number:
Signature:	Print Name:
Address:	
Student(s) Name(s):	