# Giving Tree 2024

## Need Request Application*

*Priority will be given to 1st time applicants. Submission of application doesn't guarantee approval in the program.
*Recipient will be notified of application status via e-mail between November 13-15, 2024.

*Please print neatly. All information kept confidential. Any Questions? Call Melissa at 607-763-5044*

**UHS EMPLOYEES FEDERAL CREDIT UNION**

_____

_____

_____

_____     _____

Name of Person/Family in need *(primary person, or both people if a couple)*     *Sizes required! Gift ideas/interests. **Be specific.***

_____

_____

_____    _____   _____    _____

Dependent in need          Gender     Age     *Sizes required! Gift ideas/interests. **Be specific.***

_____

_____

_____    _____   _____    _____

Dependent in need          Gender     Age     *Sizes required! Gift ideas/interests. **Be specific.***

_____

_____

_____    _____   _____    _____

Dependent in need          Gender     Age     *Sizes required! Gift ideas/interests. **Be specific.***

Did you receive help in the past?   ☐ Yes   ☐ No

Specific Cause(s) of Need this year? _____

UHS Connection of recipient (employee, retiree, family member, physician): _____

Credit Union Member, or family of Credit Union Member (doesn't affect eligibility)?   ☐ Yes   ■ No

Referring person (unless same as person in need): _____ Cell # _____

Recipient Email: _____ **(Required)** Relationship to person(s) in need: _____

**Gift pick-up dates are Wednesday December 18th, 4:00pm to 6:00pm, and Thursday December 19th, 8:00am to 10:00am.**

☐   The Person or Family who is receiving the gifts will need to pick them up during the dates and time above. Please list their contact information below. **Photo Id will be required when picking up.**

    Name: _____ Cell # _____ Best time to call _____

Anything else we should know?