

IF YOU ARE STRUGGLING TO PAY BILLS AND DO NOT KNOW HOW YOU CAN GET CHRISTMAS GIFTS FOR YOUR CHILDREN YOU MAY WANT TO LOOK INTO...

FIRST BAPTIST GULF SHORES

Gift Of Hope

**Distribution is Tuesday, December 10th, 2024
at 9am**

In Founder's Hall, Main Church Building



Tuesday's November 5, 2024, November 12, 2024, November 19, 2024 and ending December 3, 2024 the Manna Center Staff will be conducting consultations between the hours of 9-11am and 2-4pm. Please call the Manna Center to schedule your consultation at (251) 948-2485.

When you come for this consultation you must bring this form and the following three items:

1) Proof of Address (utility bill) 2) Photo ID and 3) Your child(ren)'s social security card.

**WE CAN NOT HELP YOU WITH CHRISTMAS GIFTS IF YOU DO NOT COME FOR YOUR CONSULTATION.
(CONSULTATIONS WILL NOT BE HELD AFTER TUESDAY DECEMBER 3, 2024)**



PLEASE PROVIDE THE FOLLOWING INFORMATION

PARENT #1

LAST NAME _____ FIRST _____

PARENTS ADDRESS _____

CITY _____ ZIP _____

PHONE _____

DO YOU HAVE A CHURCH HOME? IF YES PLEASE GIVE NAME

_____ CITY _____

PARENT #2

LAST NAME _____ FIRST _____

PARENTS ADDRESS _____

CITY _____ ZIP _____

PHONE _____

DO YOU HAVE A CHURCH HOME? IF YES PLEASE GIVE NAME

_____ CITY _____



COMPLETE FORM AND BRING TO CONSULTATION

CHILDS LAST NAME _____ **FIRST** _____

YOUR RELATIONSHIP WITH CHILD __ FATHER __ MOTHER __ GUARDIAN __
__ OTHER _____

LAST 4 OF SOCIAL SECURITY NUMBER: _ _ _ _

DATE OF BIRTH: ____/____/____

CHILDS LAST NAME _____ **FIRST** _____

YOUR RELATIONSHIP WITH CHILD __ FATHER __ MOTHER __ GUARDIAN __
__ OTHER _____

LAST 4 OF SOCIAL SECURITY NUMBER: _ _ _ _

DATE OF BIRTH: ____/____/____

CHILDS LAST NAME _____ **FIRST** _____

YOUR RELATIONSHIP WITH CHILD __ FATHER __ MOTHER __ GUARDIAN __
__ OTHER _____

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DATE OF BIRTH: ____/____/____

CHILDS LAST NAME _____ **FIRST** _____

YOUR RELATIONSHIP WITH CHILD __ FATHER __ MOTHER __ GUARDIAN __
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DATE OF BIRTH: ____/____/____

CHILDS LAST NAME _____ **FIRST** _____

YOUR RELATIONSHIP WITH CHILD __ FATHER __ MOTHER __ GUARDIAN __
__ OTHER _____

LAST 4 OF SOCIAL SECURITY NUMBER: _ _ _ _

DATE OF BIRTH: ____/____/____

**WE WILL CHECK THE INFORMATION YOU SUPPLY AGAINST BALDWIN
COUNTY'S AGENCY CHRISTMAS LIST.**

**WE WILL HELP FAMILIES WHOSE CHILDREN ARE NOT RECEIVING GIFTS FROM
ANOTHER SOURCE.**

COMPLETE FORM AND BRING TO CONSULTATION

FIRST BAPTIST GULF SHORES



The Gift of Hope's goal is to provide Christmas to Families while sharing the True Gift of Hope - **Jesus.**

We will help parents with Christmas gifts for their children, newborns to 12 years old. **The children must not be receiving help from other sources.**

PARENTS STATEMENT

I have asked no other agency for help with Christmas for my children this year.

Parent's Signature

___/___/20__

Please print your name

Consultant Signature

Consultation Notes

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MY CONSULTATION TIME IS

TUESDAY _____ AT ____:____ AM/PM

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SUNDAY MORNINGS

- 8:15 Celebration Worship (Worship Center)
- 9:30 Bible Fellowship (Education Building)
- 9:30 Impact Worship Christian Growth Center (CGC)
- 10:45 Celebration Worship (Worship Center)
- 10:45 Bible Fellowship (Education Building)

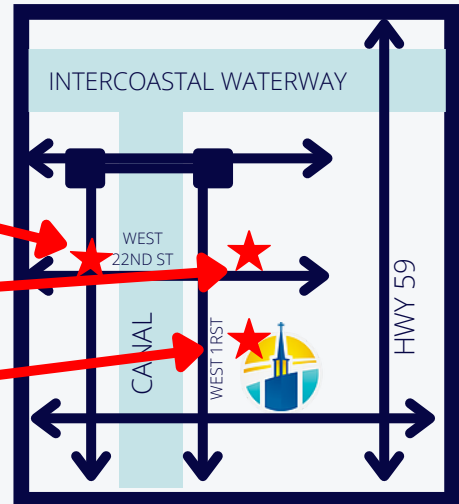
WEDNESDAY EVENINGS

- 5-6 pm Dinner with Family & Friends (CGC)
- 6 pm ADULTS Discipleship LIFE (CGC)
- M & M for Pre-school and children (2nd Floor) 6pm
- FUSION for Students (Student Center) 6pm

★ STUDENT CENTER
FBC MANNA CENTER

★ CHRISTIAN GROWTH CENTER
(CGC)

★ MAIN CHURCH
OFFICE



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