



Toys for Local Children * P.O. Box 45406 Somerville, MA 02144 (617) 680-4254

AGENCY APPLICATION FORM

Due to our office no later than December 11, of current year.

Name of Business: _____

Address: _____

City: _____ State: MA Zip Code: _____

Business Hours: _____ Point of Contact: _____

501 (C3) or Tax ID: _____

Phone: _____ Alternate: _____

Boys

Girls

_____ 0-2 _____

_____ 3-5 _____

_____ 6-8 _____

_____ 9-11 _____

_____ 11-15 _____

-----Please do not write below this line. For official use only.-----

Received by: Print _____

Sign: _____

Date Order Filled: _____ Date Toys Picked Up: _____

Amount of Toys Per Child:

Completed: YES / NO

Representative Signature upon Completion: _____