

A QUINN CENTER Thanksgiving Box Registration Form

*** You must provide a current photo ID that matches this form at pickup***

First Name:	Middle:	Last:
Address:		
City:	State:	Zip code:
Phone Number:	E	mail:
 Race/Ethnicity Asian/Asian American Black/African American Caucasian/White Latino/Latina/Latinx Native American/American Indian/ Alaska Native/Native Hawaiian Pacific Islander Multi-Racial/Multi-Ethnic Other → Please specify: 	т т	Total Household Size: Total number (including you): Total Household Gender: Total number of MALES:
	T	otal number of FEMALES:
Household Income Less than \$20,000 \$20,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999 More than \$75,000	Р	Fotal Household Ages Please write the age of EACH household member including you):
Household members experiencing dia No Yes – please specify: RETURN THIS FORM BY THURSDAY, N Advanced registration is required! Completed form must be received BY STAFF	- IOV 16.	PICKUP DAYS & TIMES: Tuesday, November 21: 9am-1pm (main parking lot) 3-7pm (Door #3) Wednesday, November 22: 9am-12pm (main parking lot)
Sending emails/leaving voicemails is not end		

□ I AM HOMEBOUND AND NEED TO ARRANGE DELIVERY OF MY BOX

Questions? Call 708.397.6111 or email office@quinncenter.org.