



GITMAXMAK'AY

“Nisga’a People of the Rainbow”

COVID CHRISTMAS GIFT APPLICATION 2020

DATE OF SUBMISSION (dd/mm/yy): _____

APPLICANT NAME: _____ BIRTHDATE: _____
[month/day/year]

ADDRESS: _____
[Street & No.] [City/Prov] [Postal Code]

PHONE NUMBER: _____ EMAIL: _____

1 PIECE OF PROOF OF ADDRESS REQUIRED: Utility bill Government ID Recent Paystub
 Bank or credit card statement Tenancy Agreement

	REGISTERED NISGA’A MEMBERS RESIDING IN THE SAME HOUSEHOLD	BIRTH DATE (mm/dd/year)	CITIZENSHIP # (Office use only)
1			
2			
3			
4			
5			
6			
7			
8			

- \$50 Save-On Christmas gift per household
 \$75 Save-On COVID gift per household
 Christmas meal hamper (check only 1 option)
 Ham dinner
 \$25 Walmart gift per youth
 # of youth (Age 0-18) _____
 \$25 Save-On gift per elder
 # of elders (Age 55+) _____
 Turkey dinner
 Brunch box



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PLEASE NOTE THE FOLLOWING:

- In-person intake: November 16th and November 18th from 11am to 6pm at the office
- The application period will be open from November 16th to December 10th
- Elders gifts will be delivered between December 11th – 18th, all others for pickup/mail
- Christmas meal hampers will be available for pick up the week of Dec 14th – 18th
- Submitting incomplete or unsigned applications will delay gift processing time
- Only members of the applicant household are eligible to pick-up the Christmas gifts
- There is a zero-tolerance policy for abusive language/behaviour towards volunteers or staff
- Failure to abide by any of the above conditions will forfeit your household’s Christmas gifts
- If you are returning this application via email, please send to info@gitmaxmakay.ca

APPLICANT SIGNATURE: _____

By signing this document, I confirm I have completed this form truthfully and accurately to the best of my ability. I commit to abide by the terms and conditions of the Christmas gift to purchase supplies holiday supplies such as food and/or gifts for my household. I also understand that my contact information may be used for future Society text and email communications.

--- FOR TIME OF GIFT DISTRIBUTION ---

GIFT MUST BE PICKED UP BY A MEMBER OF THE APPLICANT HOUSEHOLD:

PICKUP PERSON NAME: _____ **SIGNATURE:** _____

By signing this document, I confirm that I have collected the Gitmaxmak’ay Nisga’a Society COVID Christmas gifts on behalf of the eligible Nisga’a household.

FOR OFFICE USE ONLY			
Distributed by: _____		Date of Issue: _____	
Number of Gift Cards Distributed:	\$50 Save on: 1	\$75 Save on: 1	
	\$25 Walmart: _____	\$25 Save on: _____	
Christmas Meal to be Distributed (circle one):	Ham	Turkey	Brunch