

For The Goodfellows

****Applications may also be submitted online at: TheSMCF.Org**

This person or family would have a happier Christmas if the Goodfellows would remember them:

Name: _____

Address: _____ Unit Number _____

Contact Phone Number: _____ Email (if known): _____

If there is no house number or if the house would be difficult to find, give specific instructions as to the location. If the house is outside the city, provide the five-digit mailing address for rural homes. Provide special instructions for delivery if the family will not be home on Christmas Eve, **Wednesday, December 24th.**

Number of adults in family: _____ Number of children in family: _____
(17 year olds are considered adults)

Number of GIRLS under 17 years of age and the AGES of each:
NUMBER: _____ AGES: _____

Number of BOYS under 17 years of age and the AGES of each:
NUMBER: _____ AGES: _____

Infants ages 1 year or less and age in months: Boy _____ months
Girl _____ months

*Signature of person preparing the application (in case of questions): Phone: _____

*If you are filling out an application for another, enclose your name, address and phone number so you can be contacted if more information is needed. **Applications should be mailed, emailed, completed online or dropped off BEFORE December 12, 2025 to:***

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**Goodfellows
St. Marys Community Foundation
101 W. Spring Street, Ste. A (New City Building)
St. Marys, OH 45885**

******(Open only to persons residing in the St. Marys School District)******

Members of the community will deliver the packages to the address listed on the application on Wednesday, **December 24th from 7:30AM to 9:30AM. A postcard reminder will be mailed this year to the recipients.**

HAVE A WONDERFUL CHRISTMAS!