



# LAMC *Season of Giving* Gift Fair

## Application

### Please tell us a little about your organization

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Name of organization

Contact Person

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Address

Phone

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City, State and zip code

email

### Is your organization-

Local

National

International

### What type of work do you do?

Hunger Relief

Job Training

Shelter/Home Rehabilitation Homelessness

Medical Assistance:

Domestic Violence

Education: Youth

Child Survival

Education: Health

Livestock / Farm Aid

Environment

Emergency Disaster Relief

Habitat Rehabilitation

Aging

Peace and Justice

Other:

### What is your organization's mission?

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### What is your organization's annual operating budget?

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**Please list possible 'gift items' shoppers could purchase within the following price ranges:**

\$10. \_\_\_\_\_

\$25. \_\_\_\_\_

\$50. or over \_\_\_\_\_

**How will you advertise the fair to your organization's members and supporters?** (Listserve, newsletter, website, etc.)

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**Please list your representative(s) who will be present at the fair:**

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***Thanks again for your interest-  
We will notify you as soon as the committee has had an opportunity  
to review all of the applications.***