



Autism Society of Middle Tennessee

giving hope • raising expectations • connecting worlds

Holiday Gift Card Drive

ASMT is excited to offer the 2011 Holiday Gift Card Drive to families! Please note that this program is intended to help those families that have one or more children with an ASD who have significant financial needs this holiday season and reside in the Middle TN area. First consideration will be given to families that haven't received assistance from ASMT in the past. We will do our best to provide as much as possible to all the families in need, however, submission of application does not guarantee assistance. Assistance, when provided, will come in the form of gift card(s) to Wal-Mart or a local grocery store chain (i.e. Kroger or Publix).

Please complete the entire attached application to be eligible for consideration. A member of the family requesting assistance must complete the application. If you need any help filling out the application or have any questions, call us at 615-385-2077 ext. 1. **The deadline for submitting the application to ASMT is Friday, December 9.** You can email, fax or mail the application to:

- asmt@tnautism.org
- 615-383-1176
- ASMT
955 Woodland Street
Nashville, TN 37206

We will contact you by phone on December 14 to let you know if you will receive any assistance. Gift cards will need to be picked up at the ASMT office by **December 19**. If you are unable to pick up your gift cards, please call us at 615-385-2077, ext. 1.

We look forward to receiving your application. Please contact us with any questions.

2011 ASMT Holiday Gift Card Drive Application

Please note: Applications are due in the office no later than Friday, Dec 9, 2011.

****ALL of the following information is needed in order to participate in the program****

Name: _____ Spouse Name: _____

Address: _____
(To be eligible, you must reside in the Middle TN area)

City: _____ State: _____ Zip: _____

Phone Number(s): _____
(*This is the number we will contact you if we are able to provide assistance)

E-mail: _____

Name and age of child(ren) **with an ASD** that live in your household

1. _____
2. _____
3. _____
4. _____

Name and age of **other dependant(s)** that live in your household

1. _____
2. _____
3. _____
4. _____

Brief description of your financial situation (ex: change in employment, divorce, healthcare, hours cut, part time, laid off, etc.) _____

Income: 2 Full-time 1 Full-time 2 Part-time 1 Part-time None
(Check all that apply)

Where are you getting additional support? (ex: Salvation Army angel tree, your church, other non-profits, etc. – please list all) _____

Greatest needs for the Holiday Season:

1. _____
2. _____
3. _____
4. _____

Please Note:

- ASMT makes every effort to provide assistance to every applicant, however we our assistance is limited to the donations we receive for this program.

Please submit to ASMT at asmt@tnautism.org or fax 615-383-1176. Please use the back of this form, or attach additional pages as needed.

For Office Use Only

Date Received: _____ Date Reviewed: _____ Approved: Y / N Approved Amt: _____