



HumanKind
MINISTRIES

OPERATION HOLIDAY AUTHORIZATION FORM

If you cannot attend distribution and would like to send someone in your place, please fill out the form below. The person picking up on your behalf **MUST bring their photo ID, your ID and this form.**

I, _____,
(Print your name)

authorize _____
(Name of person picking-up)

to collect my Operation Holiday food, gifts and Dillon's voucher on my behalf.

Your Signature

Date