

THANKSGIVING BASKET ENTRY FORM

YOUR NAME:

YOUR PHONE NUMBER:

YOUR ADDRESS:

If you are nominating someone other than yourself,
please fill out their information below.

NOMINATION NAME:

NOMINATION PHONE NUMBER:

NOMINATION ADDRESS:

Please include why you feel that you or the person you nominate
is in need or deserving of this thanksgiving basket giveaway.

Please email this form to brooklynthanksgiving@yahoo.com