



OPERATION SUGAR PLUM

DONOR APPLICATION

Donor Name			
Organization/Company			
Phone Number			
Email			
Address			
Would you like to sponsor a family? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Type of Donation (List below)	<input type="checkbox"/> Gift Cards	<input type="checkbox"/> Toys	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Authority: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1, Army Community Service.

Principal Purpose: Information for interview and historical purposes and to obtain information on individuals needing assistance.

Routine Uses: Used to determine needs of participants who applied for Operation Sugarplum assistance.

Disclosure: Voluntary, however failure to provide the requested information may impede Army Community Service personnel from being able to assist individuals effectively.