



# Gleanings From The Harvest for Galveston

Hello friends,

Here at **Gleanings From The Harvest for Galveston**, we hear and understand the struggle that many parents experience in providing food for their families. For that reason, we are determined to assist those in need to the best of our abilities. Currently, we are offering to grandparents raising grandchildren the opportunity to receive a food box monthly at no cost. Through donations, currently, we are only able to distribute 100 boxes throughout the county.

To participate in the "grandparent raising grandchildren program" (GRGP), please complete portion below and send to:

**Gleanings From The Harvest for Galveston**

427 Market Street  
Galveston, TX 77550

For additional information, please contact Mark Davis at 409-762-8641 or E-mail [mark@gfthgalveston.org](mailto:mark@gfthgalveston.org)  
[www.gfthgalveston.org](http://www.gfthgalveston.org)

Grandparent(s) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grandparent(s) Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

I will pick-up. Yes \_\_\_ or No \_\_\_ I will have someone pick-up for me. Yes \_\_\_ or No \_\_\_

Telephone: ( ) \_\_\_\_\_ Number of Grandchildren in Home: \_\_\_\_\_

Boy's age(s): \_\_\_\_\_ Girl's age(s): \_\_\_\_\_

Authorization and guardianship information given for GLEANINGS official use only.

Signature of custodial Grandparent: \_\_\_\_\_

I have temporary or permanent guardianship of grandchildren, see attached copy. Yes \_\_\_ or No \_\_\_  
(if NO, please have verified by spiritual leader, officer of the court, and/or authorized school personnel below)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Approved by committee: Yes \_\_\_ or No \_\_\_ Date enrolled: \_\_\_\_\_ Initialed: \_\_\_\_\_

\_\_\_\_ **Yes, Mark**, I would like to partner with **Gleanings From The Harvest for Galveston**, as you work to fulfill the mission of providing quality food products to those in need. I would like to contribute \$ \_\_\_\_\_ a month for \_\_\_\_\_ years or a one time gift of \$ \_\_\_\_\_.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_