

# THE SHINING STAR

## Supplemental Holiday Program

RECIPIENT #

### Nominator Information:

Name:		Date:
Home Phone:	Cell Phone:	
Mailing Address:		
Town:	State:	Zip:
Email:		

### Recipient Information:

Recipient Name:		Gender: M F
Recipient Age (Approx.):	Relation to Recipient:	
Recipient Guardian (if applicable):		
Home Phone:	Cell Phone:	
Mailing Address:		
Town:	State:	Zip:
Contact Email:		
Wish List:		

### Application Information Required:

- To your knowledge, has the proposed recipient been nominated for any other holiday gift program such as the Holiday Fund, Watson Fund, Berkshire Eagle Santa Fund, Toys for Tots? *(Note: application to these programs does not deny access to the Shining Star program.)* YES NO
- I am not willing to shop but would like to make a monetary donation of \$ \_\_\_\_\_. Please make checks payable to BSRCC or visit [berkshiresouth.org/giving/](http://berkshiresouth.org/giving/)

*We would like to thank you for your participation in this program and please do not hesitate to contact us with any comments or concerns. Berkshire South Regional Community Center will approve applications as Shining Stars become available and will confirm with recipients at that time. We cannot guarantee all nominated persons will receive a gift.*

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**BERKSHIRE SOUTH**  
REGIONAL COMMUNITY CENTER