



# OPERATION SUGAR PLUM

## DONOR APPLICATION

Donor Organization	
Organization Mailing Address	
Organization's Donation Point of Contact (POC)	
POC Phone Number	
POC Email	
Type of Donation	<input type="checkbox"/> Gift Cards <input type="checkbox"/> Toys <input type="checkbox"/> Books
(Please describe EACH type of donations provided below and quantity and/or amount)	
Donation Type	Quantity/ Amount (\$)

**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.