



PO BOX 2335  
HARRISONBURG, VA 22801

Dear Guardian,

Greetings in Jesus Name,

Please fill out The Apple Tree Application and return promptly to address listed below. Please make sure all information concerning the child is filled in.

Kingsway will not ship to **P.O. BOX**, please have a physical address. The guardian must pick up local packages after December 15 at 2217 South Main St, Harrisonburg, VA 22801. Packages will be shipped to those living out of the local area.

Please call the number listed below to know where to pick up the gifts for your children.

**Kingsway Prison & Family Outreach**  
**P.O. Box 2335**  
**Harrisonburg, VA 22801**  
**Phone (540) 433-565**

### **ONLINE APPLICATION AVAILABLE**

**Web: [kingswayoutreach.org](http://kingswayoutreach.org)**

**Has an application & instructions for The Apple Tree Project**

**Application filled out online e-mail to [info@kingswayoutreach.org](mailto:info@kingswayoutreach.org)**

**“Attention Pat”**

In God’s Love,

Kingsway Prison & Family Outreach  
Staff & Volunteers

**KINGSWAY PRISON & FAMILY OUTREACH**  
**PO BOX 2335 HARRISONBURG, VA 22801**  
**E-mail:info@kingswayoutreach.org**

### Kingsway Apple Tree Application

Fill out a form for each of your children under age eighteen still in school. If you have more than four children ask for another form.

( ) **Child's Name** \_\_\_\_\_  
Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ May we contact Guardian: Yes \_\_\_ No \_\_\_

**Guardian's Street Address** \_\_\_\_\_  
Above must be Street name & Number we do NOT ship to P O Box

Guardian's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's phone# ( ) \_\_\_\_\_ or Contact phone # ( ) \_\_\_\_\_

Guardian is (Circle one) Your Spouse - Child's grandparent - Foster parent  
Other \_\_\_\_\_ Explain \_\_\_\_\_

.....

### PLEASE NOTE

**Each child will receive 3 items: Age Level Bible or Christian Book  
Plus Age Level Board Game and One Gift.**

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**Inmate Name** \_\_\_\_\_ **State#** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Institution** \_\_\_\_\_

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