



CHRISTMAS GIFTS FOR CHILDREN IN NEED



Date: _____

Requestor Information:

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone Number: _____

Please provide a brief description of circumstances/need for the request:

Child Information:

Child #1 Name: _____ Gender (circle one): M / F

Child #1 Age: _____

Child #2 Name: _____ Gender (circle one): M / F

Child #2 Age: _____

Child #3 Name: _____ Gender (circle one): M / F

Child #3 Age: _____

Child #4 Name: _____ Gender (circle one): M / F

Child #4 Age: _____

*** Please Note we CANNOT guarantee a gift for each child depending on the number of gifts donated and quantity of applications received.

(Signature acknowledging above statement)