



BOX OUT _____

**2017 Children's Foundation Angel Tree Program
Christmas Request Assistance Form**

Family Surname: _____

Number of Household Members: _____

Address: _____

Phone #: _____ Alternative #: _____

Children:

Name	Boy	Girl	Age	Size	Interests	Angel Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

****Please note that this is a campaign run on donations, and therefore we can not guarantee gifts asked for, but we will certainly do our best. Also please be sure to let us know if your older child size is youth or adults. Thanks !**

Referral Name: _____ Agency: _____

Applicant Signature: _____

**Office use only: Pick-up Date: Dec. ____ 2017 AM ____ or PM ____

APPLICANTS MUST SIGN ON RECEIPT OF DELIVERY

Please remember to only apply to one Christmas Sharing Program!

