



2021 Children's Foundation Angel Tree Program

Christmas Request Assistance Form

FAMILY SURNAME	
# OF HOUSEHOLD MEMBERS	
ADDRESS	
PHONE NUMBER	

CHILDREN

CHILDS NAME	Boy/ Girl?	Age	Size	Interests	Angel #

****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. ____ 2021 AM ____ or PM ____

APPLICANTS MUST SIGN ON RECEIPT OF DELIVERY



Serving Hastings, Northumberland & Prince Edward Counties

Please remember to only apply to one Christmas Sharing Program!