



## 2021 Children's Foundation Angel Tree Program

### Christmas Request Assistance Form

<b>FAMILY SURNAME</b>	
<b># OF HOUSEHOLD MEMBERS</b>	
<b>ADDRESS</b>	
<b>PHONE NUMBER</b>	

CHILDREN					Box out?	
CHILDS NAME	Boy/ Girl?	Age	Clothing Size	Shoe 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**



\*Please remember to only apply to one Christmas Sharing Program!\*