



**SENIOR CHRISTMAS WISHES 2022**

**APPLICATIONS MUST BE SUBMITTED BEFORE**

**REQUESTS ARE MADE**

**APPLICATION MUST BE FILLED OUT COMPLETELY**

**PLEASE PRINT**

**Program senior citizens 60 and above**

**\*\*Make sure we have a good phone number and address listed on this application\*\***

Name on ID: \_\_\_\_\_

Phone# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Christmas Wishes Program will provide:**

**A WANT is an item the person wants. (Within reason)**

**A NEED such as toiletries, clothes, bed sheets, blankets.**

**A READ is a book the person wants.**

**All requests are filled through donations. Christmas Wishes does not offer gift cards. It is not possible to grant every wish exactly, however we will do our best to accommodate.**

**You will be notified by POSTCARD when to pick up your Christmas Wish.**

Person 1- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

Want \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional Info \_\_\_\_\_

**Read** \_\_\_\_\_

Person 2- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

**Want** \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional info \_\_\_\_\_

**Read** \_\_\_\_\_

Person 3- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

Want \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional Info \_\_\_\_\_

**Read** \_\_\_\_\_

Person 4- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

**Want** \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional info \_\_\_\_\_

**Read** \_\_\_\_\_

Person 5- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

Want \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional Info \_\_\_\_\_

**Read** \_\_\_\_\_

Person 6- Name: \_\_\_\_\_

Male: ( ), Female: ( ), Race ( ), Age: \_\_\_\_ Developmental Disability? Yes ( ) No ( )

**Want** \_\_\_\_\_

**Need** Shirt Size \_\_\_\_ Pant Size \_\_\_\_ Under Wear Size \_\_ Sock Size \_\_\_\_, Coat size, \_\_\_\_

Toiletries \_\_\_\_\_

Additional info \_\_\_\_\_

**Read** \_\_\_\_\_