

Delaware County Pay It Forward – Christmas Hope

<i>Office use only:</i> Date Received:		<i>Office use only:</i> Family Code:		<i>Office use only:</i> Adopted By:	
Child #1		Child #2		Child #3	
Name:	School:	Name:	School:	Name:	School:
Age:	Gender:	Age:	Gender:	Age:	Gender:
Clothing Needs		Clothing Needs		Clothing Needs	
Item	Size	Item	Size	Item	Size
Game/Toy		Game/Toy		Game/Toy	
Child #4		Child #5		<ul style="list-style-type: none"> ♦ Be as specific as possible ♦ Please give several suggestions for gifts, not all gift requests will be purchased ♦ Please do not use gift cards as an option ♦ Each family may only be adopted by <u>one</u> school or organization ♦ Return by Friday, November 6 Do you have transportation to pick up gifts? _____ Please check box for the way you would like to receive your gifts: <input type="checkbox"/> I would like to receive the gifts wrapped <input type="checkbox"/> I would like to wrap the gift myself <input type="checkbox"/> I need wrapping paper	
Name:	School:	Name:	School:		
Age:	Gender:	Age:	Gender:		
Item	Size	Item	Size		
Game/Toy		Game/Toy			

Family Name: _____

Phone Number: _____

Address: _____

Parent Name: _____

Can This Number Receive
Text Messages?
Yes ____ No ____

Return to: Delaware County Pay It Forward PO Box 281, Manchester, IA 52057 or Email: PIFChristmasHope@gmail.com

***By submitting this form, you acknowledge that your information will be received and kept confidential by Delaware County Pay It Forward.*