

CAMPBELL Christmas Angels

Campbell Christmas Angels Request for Help Form

Name _____

Address _____

Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Have we helped you before Yes ___ No ___ Year _____

(Please note we are only able to provide gifts for families once. We are a hand up not hand out organization)

Children Information

#1 Name _____

Age _____ Gender _____ Does the child need bedding? Yes ___ No ___ If yes what size _____

Winter Jacket Size _____ Pajama Size _____ (please be specific)

Christmas wish list (please note all wish list gifts should not exceed more than \$25 each)

1) _____ 2) _____ 3) _____ 4) _____

#2 Name _____

Age _____ Gender _____ Does the child need bedding? Yes ___ No ___ If yes what size _____

Winter Jacket Size _____ Pajama Size _____ (please be specific)

Christmas wish list (please note all wish list gifts should not exceed more than \$25 each)

1) _____ 2) _____ 3) _____ 4) _____

For additional children information may be provided on back of this form.

Proof of guardianship must be provided at time of request.

Who were you referred by? _____

Please provide a brief description of current family circumstance: _____
