ALBANY WOMEN'S LEAGUE

Dear Parents:

Each year at Christmas time the Albany Women's League sponsors the Santa's Helpers program to help parents who need assistance in providing gifts of clothing to their children. The program also provides food baskets for families in need. Please note that a parent or legal quardian must request assistance.

If you are interested in participating, please complete the information below and return this application to the address listed at the bottom. All information will be held confidential. It is important that you be **specific** when listing clothing and sizes also toys and games. **No gift cards will be issued through Albany Women's League.**

| Parent Name(s): | | Address: | | | |
|--|--|--|---|------------------------|-------|
| Phone No.: | | | | | |
| CHILD'S NAME: | | Age: | Boy:Girl: | <u> </u> | |
| Clothing Size: | Shoe/Boot Size: | Boots or shoes needed: | YES or NO | | |
| Favorite Color: | Color:List of Clothing Needed: | | | - | |
| Toys/Games: | | | | | |
| CHILD'S NAME: | | Age: | Boy:Girl: | | |
| Clothing Size: | Shoe/Boot Size: | Boots or shoes needed: | YES or NO | | |
| Favorite Color:List of Clothing Needed: | | | | - | |
| Toys/Games: | | | | | |
| CHILD'S NAME: | | Age: _ | Boy: _ Girl: | | |
| Clothing Size: | Shoe/Boot Size: | Boots or shoes needed: | YES or NO | | |
| Favorite Color: | List of Clothing Needed: | | | - | |
| Toys/Games: | | | | | |
| confirming the infor to pick up gifts or fo | a food basket, we would mation on this form. At od items. The program is | TACH ADDITIONAL SHEET like to make arrangements f which time they will be giving meant to meet the needs of | for pickup. Someone v ng a date and time. Ple f children; high school | ease do not bring chil | ldren |
| FOOD BASKET DESI | RED: Yes No Nu | ımber in Family: Picku | | 30 & 6:30 p.m.) | |



Forms will NOT be accepted if not returned by November 14, 2016 to:

Santa's Helpers Program

P.O. Box 69

Albany, WI 53502

