FCBC Angel Tree for the Holidays

(Completed application should be returned to Sis Shelia James)

Parent of Child or Senior(Age 75+) Name: _____

Contact Phone Number: _____

Contact Email: _____

Fill out information below on each child: (limit 3 wishes per child. We are unable to donate computers at this time)

Sex: Male / Female

Age: _____

Clothes Sizes:
Tops: _____
Bottoms: _____
Shoe Size: _____

Christmas Wish:

_____

_____

_____

Sex: Male / Female

Age: _____

Clothes Sizes:
Tops: _____
Bottoms: _____
Shoe Size: _____

Christmas Wish:

_____

_____

_____

Sex: Male / Female

Age: _____

Clothes Sizes:
Tops: _____
Bottoms: _____
Shoe Size: _____

Christmas Wish:

_____

_____

_____

Sex: Male / Female

Age: _____

Clothes Sizes:
Tops: _____
Bottoms: _____
Shoe Size: _____

Christmas Wish:

_____

_____

_____