



Application for Assistance

(Complete One per CHILD needing assistance)

Child's Name: _____ Age: _____

Parent's Name: _____ Phone #:(____)_____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Parents Place of Employment: _____

Number in household: _____ # of Adults _____ # of Children _____

Household Yearly Income: Circle One

\$0-\$10,000 \$30,000-\$40,000 \$60,000-\$70,000

\$10,000-\$20,000 \$40,000-\$50,000 over \$70,000

\$20,000-\$30,000 \$50,000-\$60,000

Child's Wish List (Items under \$50. Gives donors an idea of items to purchase but not a guarantee for receipt.)

***Eligible families will be notified by phone when toys will be available. Please ensure that your phone number listed is correct.