UNITED WAY OF GASTON COUNTY'S

CHRISTMAS WISHES

MUST BE SUBMITTED BEFORE 11-19-2020

REQUESTS MADE BY LEGAL GUARDIAN ONLY

APPLICATION MUST BE FILLED OUT COMPLETELY

PLEASE PRINT

Program is for children, teens and senior citizens 65 and above

Parent or Guardian 1:

Name on ID:_____

Parent or Guardian 2:

Name on ID: _____

Address: _____

City: _____Zip: _____

United Way of Gaston County's Christmas Wishes Program will provide:

A WANT is an item the person wants, such as, a toy, or a game.

A NEED such as toiletries, clothes, items for school.

   (Put clothing size in the blank and circle whether infant, child, or adult)

A READ is a book the person wants.

Please do not ask for expensive gifts. All requests are filled through donations. Christmas Wishes does not offer gift cards, bikes, game systems, phones…..It is not possible to grant every wish exactly. We will do our best.

Applications can be emailed to: Christmas@unitedwaygaston.org or mailed to:

 190 E. Franklin Blvd., Gastonia, NC 28052

Person 1- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 2- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 3- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 4- Name: _____

Male ( ) Female ( ) Race ____ Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult Sock Size_____ Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 5- Name: _____

Male ( ) Female ( ) Race ____ Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult Sock Size_____ Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 6- Name: _____

Male ( ) Female ( ) Race ____ Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult Sock Size_____ Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 7- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 8- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____

Person 9- Name: _____

Male ( ) Female ( ) Race ____   Age _____ Developmental Disability? Yes ( ) No ( )

Want - _____

Need - Clothing: Shirt Size_____ Infant, child, adult   Pant Size_____Infant, child, adult

Underwear Size_____ toddler, youth, adult   Sock Size_____   Coat size _____ Infant, child, adult

School supplies _____

Toiletries _____

Additional Info_____

Read - _____