Delaware County Pay It Forward

Christmas Hope

Family Last Name: _____

Parents Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Can This Number Receive Text Messages (Y/N)? _____

Pay It Forward is committed to closing the gaps in resources in our community, however, if you are already participating in another program, we kindly ask that you do not submit another application for Christmas Hope as to avoid being ineligible for future programs. For questions regarding the program please email us at PIFChristmasHope@gmail.com. **To qualify, the child you are requesting assistance for must reside with you in Delaware County.**

Please do not request single items greater than $25 each. If requests are not reasonable, your items may be substituted with another age appropriate item. For clothing and shoe requests, **PLEASE BE AS DETAILED AS POSSIBLE**. Example: if your child wears a size small, please list whether it's an adult small or youth small; if your child wears a size 4 (shoes or clothing), please specify Toddler, Youth or Adult. Favorite colors and/or interests are helpful as well.

CHILD #1

Name: _____

Gender: _____ **Age:** _____

School: _____

CLOTHING/SHOE NEEDS

Item Size:

_____

_____

_____

WANTS (Games, Toys, Misc)

_____

_____

_____

CHILD #2

Name: _____

Gender: _____ **Age:** _____

School: _____

CLOTHING/SHOE NEEDS

Item Size:

_____

_____

_____

WANTS (Games, Toys, Misc)

_____

_____

_____

CHILD #3

Name: _____

Gender: _____ **Age:** _____

School: _____

CLOTHING/SHOE NEEDS

Item Size:

_____

_____

_____

WANTS (Games, Toys, Misc)

_____

_____

_____

DISCLAIMER: Pay It Forward will make every attempt to provide your children with their Christmas Hope needs. Applications will be filled on a first come, first serve basis & all items requested are not guaranteed. Applications are **DUE BY NOVEMBER 12, 2023 - NO LATE APPLICATIONS WILL BE ACCEPTED.**

Internal Office Use: Date Received _____ Family Code_____ Entered in System _____