



Contact Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Can This Number Receive Text Messages (Y/N)? _____
Email: _____

SENIOR CHRISTMAS FORM

Person #1

Name: _____

Gender: _____ Age: _____

CLOTHING/SHOE NEEDS

Item _____ Size: _____

WANTS/NEEDS MISC

Person #2

Name: _____

Gender: _____ Age: _____

CLOTHING/SHOE NEEDS

Item _____ Size: _____

WANTS/NEEDS MISC

Please have forms returned by November 30 to Delaware County Pay It Forward, PO Box 281,
Manchester, IA 52057 or email to delawarecountypayitforward@gmail.com

Internal Office Use: Date Received _____ Code _____ Entered in System _____