

APPLICATION

2020 DHS Family Holiday Giving Program

ID # _____ (For office use only)

Name: _____ Address: _____

Town/Zip Code: _____ Email: _____

Cell # _____ Daytime Phone: _____ Evening Phone: _____

Number of **family members** in Household _____ Number of **Children** in Household _____

Please list each **family member** in your household who would like to participate in this program.

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Gender</u>	<u>Name of School</u>

Please check if these gifts are for a Hanukkah celebration _____
Please fill out one of the attached forms for each family member in the program.

2020 DHS Family Holiday Giving Program

Infant/Toddler Gift Card Wish List (Ages Birth – 3 Years)

ID# _____ (For office use only) Age _____ Gender _____

Gift Cards: (Please select **three choices in order of preference** – **we will try to accommodate requests or supplement with equivalent at our discretion**)

Gap Kids/Old Navy: _____
Marshall's/T.J. Maxx/Home Goods: _____
Kohl's: _____
Amazon: _____
Walmart: _____
Target: _____
CVS: _____

2020 DHS Family Holiday Giving Program

Preschool/Elementary Gift Card Wish List (Ages 4-9 Years)

ID# _____ (For office use only) Age _____ Gender _____

Gift Cards: (Please select **three in order of preference** – **we will try to accommodate requests or supplement with equivalent at our discretion**)

Gap Kids/Old Navy: _____
Marshall's/T.J. Maxx: _____
Kohl's: _____
Amazon: _____
Walmart: _____
Target: _____
CVS: _____

2020 DHS Family Holiday Giving Program

Pre-Teen/Teen Gift Card Wish List (Ages 10-17 Years)

ID# _____ (For office use only) Age _____ Gender _____

Gift Cards: (Please select **three choices in order of preference** – we will try to accommodate requests or supplement with equivalent at our discretion)

Gap Kids/Old Navy: _____
Marshall's/T.J. Maxx/Home Goods : _____
Kohl's: _____
Amazon: _____
Walmart: _____
Target: _____
CVS _____
Dunkin Donuts/Starbucks _____

2020 DHS Family Holiday Giving Program

Adult Gift Card Wish List

(Ages 18+ and includes mom/dad)

**We will do our best to accommodate parents depending on the donations received by our program*

ID# _____ (For office use only) Age _____ Gender _____

Gift Cards: (Please select **three choices in order of preference** – we will try to accommodate requests or supplement with equivalent at our discretion)

Gap Kids/Old Navy: _____
Marshall's/T.J. Maxx/Home Goods: _____
Kohl's: _____
Amazon: _____
Walmart: _____
Target: _____
CVS: _____
Dunkin Donuts/Starbucks _____
Stop & Shop: _____
