



HOMETOWN HEROES 2016 TOY DRIVE APPLICATION

Date: _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Does the child live in your home? Y _____ N _____

Receiving assistance from other organizations? Y _____ N _____

If Yes, list below:

Ask each child to give us a wish list limited to five (5) items each, please:

Child's Name: _____ Age _____ Size: _____ M/F

Child's Name: _____ Age _____ Size: _____ M/F

Child's Name: _____ Age _____ Size: _____ M/F

Child's Name: _____ Age _____ Size: _____ M/F

Remember: All that is given, toys, clothing, etc. are received through donations.

No electronics.

MUST BE TURNED IN NO LATER THAN 12/16/2016 –PICK UP 12/24/2016