

**FOR S.H.F. OFFICE USE ONLY**

REFERRED TO:

ACTION TAKEN:

S.H.F. ACCOUNT NUMBER: \_\_\_\_\_

DATE SENT OUT:

**Submit this form via email to:**

amcginnis@santashelpersfoundation.org

**Submit this form via mail to:**

Santa's Helpers Foundation of PA  
2929 Arch Street, Suite #1700  
Philadelphia, PA 19104

**HOLIDAY DONATION PROGRAM WISH LIST FORM**

DONATION REQUESTS ARE NOT GUARANTEED TO BE APPROVED. ALTHOUGH SANTA'S HELPERS FOUNDATION OF PA MAKES EFFORTS TO APPROVE ALL APPLICANTS, WE HAVE LIMITED RESOURCES AND ALLOCATE THEM BASED ON NEEDS OF FAMILIES.

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO INCREASE THE LIKELYHOOD OF APPROVAL

PARENT or GUARDIAN FIRST NAME	PARENT or GUARDIAN LAST NAME
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
NUMBER OF CHILDREN IN HOUSEHOLD	ALTERNATE PHONE

HOLIDAY CELEBRATED: <input type="checkbox"/> CHRISTMAS <input type="checkbox"/> KWANZAA <input type="checkbox"/> HANUKKAH <input type="checkbox"/> WINTER SOLSTICE <input type="checkbox"/> LAS POSADAS	
<input type="checkbox"/> DIWALI <input type="checkbox"/> CHINESE NEW YEAR <input type="checkbox"/> OTHER (please specify) _____	
PARENT or GUARDIAN SIGNATURE:	DATE:
COMMENTS FOR SANTA'S HELPERS REGARDING YOUR FINANCIAL SITUATION: _____ _____ _____	

CHILD NAME:		READING LEVEL	AGE
FAVORITE COLOR(S)		CLOTHING SIZE (PLEASE SPECIFY):	
FAVORITE SPORTS/ACTIVITIES (select all that apply) <input type="checkbox"/> FOOTBALL <input type="checkbox"/> BASKETBALL <input type="checkbox"/> BASEBALL <input type="checkbox"/> SOCCER <input type="checkbox"/> HOCKEY <input type="checkbox"/> WRESTLING/MMA <input type="checkbox"/> SKATEBOARDING <input type="checkbox"/> LARPING/ROLE-PLAYING <input type="checkbox"/> DANCING <input type="checkbox"/> BIKE RIDING <input type="checkbox"/> RUNNING <input type="checkbox"/> OTHER (jump rope, hoola hoop, etc.) _____			
FAVORITE READING SUBJECT(S) (select all that apply) <input type="checkbox"/> REALISTIC FICTION <input type="checkbox"/> HISTORIC FICTION <input type="checkbox"/> FAIRYTALES <input type="checkbox"/> SCIENCE FICTION <input type="checkbox"/> FANTASY <input type="checkbox"/> MYSTERY <input type="checkbox"/> INFORMATIONAL <input type="checkbox"/> BIOGRAPHY <input type="checkbox"/> AUTOBIOGRAPHY <input type="checkbox"/> POETRY <input type="checkbox"/> OTHER (favorite athlete, historic figure, etc.) _____			
FAVORITE TOY(S) (select all that apply) <input type="checkbox"/> ACTION FIGURE/BATTLING TOYS <input type="checkbox"/> LEGO/BUILDING BLOCKS <input type="checkbox"/> BOARD GAMES <input type="checkbox"/> PLAY-DOH/CLAY <input type="checkbox"/> PUZZLES <input type="checkbox"/> MATCH BOX CARS/TRUCKS <input type="checkbox"/> SCIENCE EXPERIMENTS <input type="checkbox"/> ARTS AND CRAFTS <input type="checkbox"/> COLLECTIBLE TRADING CARDS <input type="checkbox"/> DISPLAY DOLLS <input type="checkbox"/> MINI FIGURINES/DISPLAY SETS <input type="checkbox"/> DESIGN KITS <input type="checkbox"/> SUPER HEROS/MARVEL/DC <input type="checkbox"/> NURTURING DOLLS <input type="checkbox"/> DINOSAURS <input type="checkbox"/> RADIO CONTROLLED TOYS <input type="checkbox"/> MODEL BUILDING <input type="checkbox"/> PLUSH/STUFFED ANIMAL <input type="checkbox"/> SPORTS TOYS <input type="checkbox"/> YOUTH ELECTRONICS <input type="checkbox"/> OTHER (please specify) _____			
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SPECIAL NEEDS OR MEDICAL CONDITIONS (please specify): _____ _____ _____			

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