

2025 Gift Form (Children under 17 ONLY)

****Client to fill in ALL white areas ***

Total # of Children i										<i>Hamper # (Filled in by Food Bank)</i>									
Child #1		Gender: M or F				Age:													
Interests:		<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs												
		<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports													
		<input type="checkbox"/> Other (describe)																	
Disclosed disabilities or limitations:																			
Child #2		Gender: M or F				Age:													
Interests:		<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs												
		<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports													
		<input type="checkbox"/> Other (describe)																	
Disclosed disabilities or limitations:																			
Child #3		Gender: M or F				Age:													
Interests:		<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs												
		<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports													
		<input type="checkbox"/> Other (describe)																	
Disclosed disabilities or limitations:																			
Child #4		Gender: M or F				Age:													
Interests:		<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs												
		<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports													
		<input type="checkbox"/> Other (describe)																	
Disclosed disabilities or limitations:																			
Child #5		Gender: M or F				Age:													
Interests:		<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs												
		<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports													
		<input type="checkbox"/> Other (describe)																	
Disclosed disabilities or limitations:																			

Child #6	Gender: M or F	Age:						
Interests:	<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs		
	<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports			
	<input type="checkbox"/> Other (describe)							
Disclosed disabilities or limitations:								
Child #7	Gender: M or F	Age:						
Interests:	<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs		
	<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports			
	<input type="checkbox"/> Other (describe)							
Disclosed disabilities or limitations:								
Child #8	Gender: M or F	Age:						
Interests:	<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs		
	<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports			
	<input type="checkbox"/> Other (describe)							
Disclosed disabilities or limitations:								
Child #9	Gender: M or F	Age:						
Interests:	<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs		
	<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports			
	<input type="checkbox"/> Other (describe)							
Disclosed disabilities or limitations:								
Child #10	Gender: M or F	Age:						
Interests:	<input type="checkbox"/> Dolls	<input type="checkbox"/> Barbies	<input type="checkbox"/> Crafts	<input type="checkbox"/> Make-up	<input type="checkbox"/> Nails	<input type="checkbox"/> Dinosaurs		
	<input type="checkbox"/> Cars	<input type="checkbox"/> Nerf	<input type="checkbox"/> Lego	<input type="checkbox"/> Animals	<input type="checkbox"/> Sports			
	<input type="checkbox"/> Other (describe)							
Disclosed disabilities or limitations:								