HOPE "WISH LIST" 2008

Please fill out in full for kids 0-13 years of age

Child's Name (last, first) _____ Foster Parent _____

Phone Number _____ Age _____ _____ _____

Does this child have any handicaps of which we need to be aware? Sometimes this is pertinent.

Color Preferences: _____

In what departments do you usually shop for this Child?

☐ GIRLS ☐ BOYS

List special toys, sports, personal or hobby items this child would like:

FOR HOPE OFFICE USE ONLY:

Sponsor/Business Name _____ Phone # _____

Address _____ Fax# _____

Contact Person: _____

Pertinent Information _____

Submit