



DATE: _____

ADOPT A FAMILY WISHLIST 2024

RECEPIENT INFORMATION

FULL NAME:	
ADDRESS:	
PHONE:	EMAIL:

BRIEF EXPLANATION OF FAMILY SITUATION:

LOCAL GROCERY STORE (IF GROCERIES ARE NEEDED):
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ANY ASSISTANCE WITH HOUSEHOLD BILLS (ELECTRICITY, WATER, ETC.)? SPECIFY THE AMOUNT, DUE DATE.

FILL OUT THE FOLLOWING INFORMATION FOR EACH MEMBER OF YOUR HOUSEHOLD(LIST ITEMS IN ORDER OF NEEDS/PRIORITY SUCH AS CLOTHES, HYGIENE ITEMS, SCHOOL SUPPLIES, ETC. ADD (2-3 WISH ITEMS)

NUMBER OF ADULTS IN HOUSEHOLD:	NUMBER OF CHILDREN IN HOUSEHOLD:
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NAME:	AGE:	GRADE YEAR (IF APPLICABLE):	MALE:	FEMALE:
COAT SIZE:	PANT SIZE:	SHIRT SIZE:	SHOE SIZE:	PAJAMA SIZE:
WISH LIST:				
BOOK INTEREST:				



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COAT SIZE:	PANT SIZE:	SHIRT SIZE:		SHOE SIZE:	PAJAMA SIZE:	
WISH LIST:						
BOOK INTEREST:						

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COAT SIZE:	PANT SIZE:	SHIRT SIZE:		SHOE SIZE:	PAJAMA SIZE:	
WISH LIST:						
BOOK INTEREST:						

DOCUMENTS TO BE EMAILED TO: INFO@THEWOMENKNOWHOW.ORG

FOR INTERNAL USE - APPROVAL & DATE OF GIFT DELIVERY: _____