

The Salvation Army Angel Tree 2017

For children up to 12 years old living in your Wellington home

I give The Salvation Army permission to place my child(ren)'s name(s) on an Angel Tree.

Parent/Guardian Name _____ Phone _____

Street Address _____ Apt # _____

City _____ Zip _____ E-mail _____

Signature _____

* Please attach a copy of proof of address such as Driver's License or a bill.

Please keep your choices to \$25 per gift

Child's Name _____ School Name _____ Age _____ Sex _____

Toy: choice 1 _____ choice 2 _____

Circle clothing the child needs followed by specific size: Toddler: Child: Youth/Junior: Adult:
Build: Slim/Husky Girls: Girlie/Tomboy

Shirt _____ pants/skirt _____ coat _____ snow boots _____ shoes _____ undies/socks _____

Child's Name _____ School Name _____ Age _____ Sex _____

Toy: choice 1 _____ choice 2 _____

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