

ANGEL TREE REQUESTS

IMPORTANT: This program assists families in need, in the Wiesbaden military community (**DOD ID Cardholders**) to support children with gifts for Christmas. Only one application per Family. Please do not submit families without their knowledge. **The applicant or an adult family member must be available to pick up the gift/s at ACS during the allocated dates (16-23 December).** Please indicate an age-appropriate gift for each child. Many of the generous donors who purchase the gifts try to grant the children's specific wishes.

RANK/PAY GRADE: _____ NAME: _____
FIRST LAST

Cell Phone: _____ Duty Phone: _____

Unit: _____ E-mail: _____

Married Single Parent Expecting Parent

Number of dependent children: _____ (up to age 18)

1. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

2. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

3. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

4. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

5. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

6. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

ACS STAFF USE ONLY

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Pick-up Date: _____

Staff Initials: _____

Print Name: _____

Signature: _____