

GIFT PICK UP DATE AND TIME: _____

IF AN AGENCY IS SUBMITTING FORM AND PICKING UP GIFTS	
Name of Agency:	
Contact person's name:	
Contact person's phone #:	

STAR NUMBER:

GUARDIAN INFORMATION SHEET

Guardian's name:	
Guardian's Street	
Town:	
Cell Phone:	
Emergency Phone:	
Number of children:	

CHILD'S NAME	M/F	AGE	STAR NUMBER and LETTER

You MAY NOT get assistance from any other agency other than Friends of Forgotten Children.

I give my permission to FRIENDS OF FORGOTTEN CHILDREN to check the information I have provided with other gift-giving organizations to verify that I am not receiving gifts from any other organization.

By signing this document, I agree that the above information is true and if any of the information has been misrepresented, I will forfeit my gifts.

GUARDIAN SIGNATURE: _____ Date: _____

INTAKE PERSON SIGNATURE: _____ Date: _____