

ANGEL TREE CHRISTMAS PROJECT



Please find below the form to recommend names of those who are in need or are alone and may not receive a present this Christmas. These names could either be for members of an entire family or for individuals. Gifts of at least \$20.00 are suggested. This form is an insert in the Church bulletin or may be requested by coming to the Parish Office during the week of November 15; returned by the weekend of Saturday or Sunday, November 21 and 22, at a Mass you attend by placing it in an envelope marked Angel Tree Christmas project and dropping it in the collection basket in the sanctuary of the Church or brought or mailed to the Parish Office (Hours are Sunday, 8:30 a.m. until 1:00 p.m.; Monday, Tuesday, Wednesday & Friday, 8:30 a.m. until 4:00 p.m.; Thursday, 8:30 a.m. until Noon; Address is 1870 Rostraver Road, Rostraver Township, PA, 15012). The concept of this project is to provide Christmas gifts for those who are less fortunate than ourselves. It is the responsibility of our Parish to be sure all names are satisfied.

Date: _____		<u>FAMILY REQUEST</u>		
		Man/Woman or Child(ren)		
Last Name : _____		Address: _____		
Names of Members in Family:		Phone: _____		
1	2	3	4	5
Age: _____	Age: _____	Age: _____	Age: _____	Age: _____
Sex: _____	Sex: _____	Sex: _____	Sex: _____	Sex: _____
Suggestions/inc. Size	Suggestions/inc. Size	Suggestions/inc. Size	Suggestions/inc. Size	Suggestions/inc. Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Toys/Games/Other	Toys/Games/Other	Toys/Games/Other	Toys/Games/Other	Toys/Games/Other
_____	_____	_____	_____	_____
OFFICE USE ONLY: CODE NO: _____	OFFICE USE ONLY: CODE NO. _____	OFFICE USE ONLY: CODE NO. _____	OFFICE USE ONLY: CODE NO. _____	OFFICE USE ONLY: CODE NO. _____

Date: _____ <u>CHILD/INFANT REQUEST</u> Name: _____ Address: _____ Phone: _____ Sex: _____ (Please check) <table style="width: 100%;"> <tr> <td style="width: 50%;">Coat _____ <u>Size</u> _____</td> <td style="width: 50%;">Shoes (Dress/Tennis) _____ <u>Size</u> _____</td> </tr> <tr> <td>Boots _____</td> <td>Top/Shirt/Blouse _____</td> </tr> <tr> <td>Pants _____</td> <td>Jeans _____ Socks _____</td> </tr> <tr> <td>Sleepwear _____</td> <td>Gloves _____ Hat _____</td> </tr> <tr> <td>Diapers _____</td> <td>Other _____</td> </tr> </table> OFFICE USE ONLY: CODE NO.: _____	Coat _____ <u>Size</u> _____	Shoes (Dress/Tennis) _____ <u>Size</u> _____	Boots _____	Top/Shirt/Blouse _____	Pants _____	Jeans _____ Socks _____	Sleepwear _____	Gloves _____ Hat _____	Diapers _____	Other _____	Date: _____ <u>CHILD/INFANT REQUEST</u> Name: _____ Address: _____ Phone: _____ Sex: _____ (Please check) <table style="width: 100%;"> <tr> <td style="width: 50%;">Coat _____ <u>Size</u> _____</td> <td style="width: 50%;">Shoes (Dress/Tennis) _____ <u>Size</u> _____</td> </tr> <tr> <td>Boots _____</td> <td>Top/Shirt/Blouse _____</td> </tr> <tr> <td>Pants _____</td> <td>Jeans _____ Socks _____</td> </tr> <tr> <td>Sleepwear _____</td> <td>Gloves _____ Hat _____</td> </tr> <tr> <td>Diapers _____</td> <td>Other _____</td> </tr> </table> OFFICE USE ONLY: CODE NO.: _____	Coat _____ <u>Size</u> _____	Shoes (Dress/Tennis) _____ <u>Size</u> _____	Boots _____	Top/Shirt/Blouse _____	Pants _____	Jeans _____ Socks _____	Sleepwear _____	Gloves _____ Hat _____	Diapers _____	Other _____
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Submitted by: _____
 (Please provide name, address & phone number. This form will not be processed without the information of the submitter.)
 Would you be willing to pick up and deliver a gift to the individual above? Yes _____ No _____
ALL INFORMATION WILL BE KEPT CONFIDENTIAL.