

Grafton Food Bank
P.O. Box 324, Grafton, MA 01519
508 277 4535

Wish List Application

To be eligible to receive gifts for your children, you must be a registered client of the Grafton Food Bank.

Name _____ Date _____

Address _____ Zip Code _____

Telephone: Home _____ Cell _____

Email _____

If you are in need of holiday gifts for **your children who live in your home (newborn to high school senior)**, please complete this form and return it **by October 31, 2019**. Forms may be returned on distribution day or they may be mailed (in the envelope found in the corridor outside the food bank door) to Rachel Costello, 3 Hillside Ave., Grafton, MA 01519.

1. Name _____ Sex ____ Age ____ Sizes _____

Wish List _____

2. Name _____ Sex ____ Age ____ Sizes _____

Wish List _____

3. Name _____ Sex ____ Age ____ Sizes _____

Wish List _____

4. Name _____ Sex ____ Age ____ Sizes _____

Wish List _____

5. Name _____ Sex ____ Age ____ Sizes _____

Wish List _____

I am also receiving children's gifts from _____.

Gifts will be distributed on **THURSDAY, DECEMBER 19, 2019, between 5:00 and 6:00 PM in the MUNICIPAL CENTER GYM**. If you do not pick up your gifts at this time, we will assume you no longer require assistance and your gifts will be distributed to other families.

NO EARLY BIRDS! PLEASE DO NOT ARRIVE BEFORE 4:40 PM!