

Senior Enrichment's
ANTIQUE ANGEL TREE

Nomination Form

RETURN FORM TO SENIOR ENRICHMENT BY FRIDAY, NOVEMBER 10th

Phone: 618-643-2416 Fax: 618-643-2130 (Please call to confirm your fax was received)

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____ CITY: _____

PHONE NUMBER(must have a working number in order to arrange pickup/delivery of gift): _____

CLOTHING SIZE: For Tops - XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL, No clothing needed

For Bottoms - XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL, No clothing needed

SHOE SIZE(if needed): _____

SUGGESTED ITEMS THEY MAY NEED OR WANT (also add any details known to help with gift selection such as things they collect, likes/preferences such as favorite snacks/candy, if they have pets, or if they have allergies to fragrances):

YOUR NAME & NUMBER: _____

*nominee's identity is kept confidential (gender, age, size, and gift suggestions are released to those adopting each angel)