

Child's Name _____ Child's Age _____

Parent(s) Name: _____

Address: _____

City/State/Zip _____

Phone _____

E-mail: _____

Limit for Shopping \$ _____

I Need Gifts For	Age	Item Purchased filled out by volunteer	Cost
I would like to donate (circle one)	\$5	\$10	\$15
\$20	\$25		
TOTAL COST			

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John E. Meister, CPA