

Parent Full Name: _____ Phone Number: _____

E-mail: _____ # Children in family(under 18) _____

Physical Address: _____

THE WARRIOR GIVING PROJECT WISH LIST 2020

Do you need a Christmas Tree? Yes _____ No _____ Do you need decorations? Yes _____ No _____

Will you need gift wrap? Yes _____ No _____

We will try to help with up to 3 family needs. Please rank your top 3 family needs (example: rent assistance, utility/water bill, medical, food, household goods etc.)

1. _____

2. _____

3. _____

Please complete a separate list for each child in your family. The five-item list should include a combination of needs(clothing, bedding, hygiene items, etc) and wants(toys, etc) and should be realistic; do not include overly expensive items. Be specific about sizes and gender of clothing items, if listed.(infant, toddler, child, adult).

Please return your list to the Ministerial Association Coordinator, Crystal Ellis, by Saturday, November 6th. You can return it any of the following ways:

- via email to chefcellis@msn.com
- a hard copy can be mailed to: **Norwalk Christian Church % THE WARRIOR GIVING PROJECT, 701 Main Street, Norwalk, IA 50211.**(Be Sure to note THE WARRIOR GIVING PROJECT on the envelope)
- Or call Crystal (515)491-1241 to schedule a time for her to pick up the list(s) from you

Once Crystal receives your Wish List, she will contact you within 48 hours to verify receipt. We cannot guarantee a sponsor for every family or that all requested items will be given. You will be notified by November 23rd if we are UNABLE to provide a sponsor for your child(ren). We will contact you once ready to determine the best way to get the gifts to you, based on COVID at that time. Gifts will be ready the week of December 7th- 11th. If you have questions please do not hesitate to call Crystal Ellis. Her contact information is listed below.

Crystal Ellis (515) 491-1241 or chefcellis@msn.com

Child #1 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Parent Full Name: _____ Phone Number: _____

E-mail: _____ # Children in family (under 18) _____

Physical Address: _____

Child #2 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Child #3 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Child #4 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Parent Full Name: _____ Phone Number: _____

E-mail: _____ # Children in family (under 18) _____

Physical Address: _____

Child #5 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Child #6 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____

Child #7 List : Child's Name: _____

Child's age: _____ Child's grade: _____ Gender: male female

1. _____

2. _____

3. _____

4. _____

5. _____