THE TOM BEAN GIVING TREE

Confidential family application | Organizer use only

Family Information

Our community hopes to help make Christmas a little brighter for local families. Please tell us what your household needs and what would bring your children joy. No income information or financial documentation is requested. Assistance depends on available donations and is not guaranteed.

Primary contact name _____

Phone number _____

Email (optional) _____

Preferred way to reach you:

☐ Text message ☐ Phone call ☐ Email

Total number of household members _____

Number of adults (18+) _____

Number of children (under 18) _____

Do you live in the Tom Bean community?

☐ Yes ☐ No

Anything you would like organizers to know? (Optional. No explanation of your circumstances is required.)

_____

_____

Privacy and participation

Families are identified to gift sponsors by an assigned family number. Contact information and delivery addresses are kept for program coordination only and are not included on sponsor wish lists. Authorized organizers and, where needed, delivery volunteers may use contact details for arranging gifts.

☐ I agree that anonymous wish lists and needs may be shared with community sponsors.

☐ I understand that not every request can be fulfilled and submitting this form does not guarantee assistance.

Signature (or typed name) _____

Date _____

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Complete one copy of this page for EACH child under 18

Child Wish List

Family ID (organizer use only) _____

Child number (1, 2, 3…) _____

Age _____

First name or nickname (optional) _____

Clothing fit / department (optional):

☐ Girls ☐ Boys ☐ Unisex ☐ Other

Sizes

Shirt size _____

Pants / jeans size _____

Pajama size _____

Winter coat / jacket size _____

Shoe size _____

Socks / underwear size (if needed) _____

Favorite colors, characters, hobbies, sports, books, games or interests:

_____

_____

Three Christmas wishes (please be as specific as you can):

_____

_____

_____

Items this child NEEDS:

☐ Everyday clothes ☐ Winter coat ☐ Shoes

☐ Pajamas ☐ Socks / underwear ☐ Bedding

☐ School supplies ☐ Hygiene items ☐ Other: _____

Sizes or details for needed items; things to avoid (including allergies or sensitivities if relevant):

_____

_____

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Complete one copy of this page for EACH adult who would like to be included

Adult Needs & Wishes

Family ID (organizer use only) _____

Adult number (1, 2, 3…) _____

Clothing fit / department (optional):

☐ Women ☐ Men ☐ Unisex ☐ Other

Sizes

Shirt size _____

Pants / jeans size _____

Winter coat / jacket size _____

Shoe / work boot size _____

Practical needs:

☐ Winter coat ☐ Warm clothes

☐ Work clothes ☐ Work boots / shoes

☐ Everyday shoes ☐ Socks / underwear

☐ Personal care items ☐ Other: _____

Please describe needed items, sizes and any relevant details:

_____

_____

_____

A small gift or comfort item this adult would enjoy (optional):

_____

_____

Anything to avoid or any other helpful information (optional):

_____

_____

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Complete once per family | Organizer use only

Household Needs & Gift Arrangements

Family ID (organizer use only) _____

What household supplies would help most?

☐ Groceries / pantry staples ☐ Holiday meal supplies

☐ Cleaning supplies ☐ Laundry detergent

☐ Toilet paper / paper towels ☐ Soap / shampoo / toothpaste

☐ Diapers / wipes ☐ Feminine hygiene products

☐ Towels / washcloths ☐ Sheets / blankets / pillows

☐ Kitchen essentials ☐ Pet food / supplies

☐ Other: _____

Specific items, quantities, sizes or important details:

_____

_____

Food allergies or dietary needs (optional) _____

Top THREE needs for your household this Christmas:

_____

_____

_____

Would grocery or household gift cards help?

☐ Yes ☐ No

If possible, would you like gifts:

☐ Unwrapped ☐ Wrapped ☐ No preference

Pickup or Home Delivery

How would you prefer to receive gifts?

☐ Pickup at The Gym ☐ Home delivery

The Gym pickup: 114 W. Hwy 11, Tom Bean, TX 75489. Pickup dates/times will be coordinated. Delivery is subject to volunteer availability; organizers will confirm arrangements.

HOME DELIVERY ONLY - Street address _____

City / ZIP code _____

Special delivery instructions (optional) _____

May organizers contact you to clarify requests or arrange gift delivery/pickup?

☐ Yes ☐ No

Please return the completed family page, one page for each child and participating adult, and this household page. Keep contact/address details off any public sponsor wish list.