



SECRET CHRISTMAS PROJECT WISH LIST

Serving youth (13+ yrs) and adults with intellectual, cognitive, or developmental disabilities who live in Wood County and have demonstrated financial need with little or no other support.



Because we strive to purchase items that will be personal and special to the recipient, please make every effort to fill out the form with input from the individual who will be receiving the gifts to ensure their likes and needs are reflected, especially in the leisure/hobbies/interests area.

1 NAME: _____ M F Age: _____
(first name/last initial only)

2 THIS PERSON LIVES IN (select one):

Family home Independent apartment/Home
 Foster care/Nursing home Group home/Residential Setting

3 CLOTHING: Please include sizes and colors-this is very important!

| Size | Color | | Size | Color | |
|------|-------|-------------------------|------|-------|-------------------|
| | | Underwear | | | Gloves |
| | | Shirts/Blouses | | | Hats |
| | | Sweaters | | | Pajamas/nightgown |
| | | Pants/Slacks/Sweatpants | | | Robe/slippers |
| | | Sweatshirts | | | Socks/hose |

4 LEISURE ITEMS/INTERESTS/HOBBIES: (please list)

5 PERSONAL ITEMS:

(Please select one & check male or female-items supplied by The Arc of the Mid Ohio Valley)

Female Toiletry Pack

Dental: Toothpaste/Brush
select one Denture Cleaner

Shaving: Razor Blade
select one Electric Shaver

Male Toiletry Pack

Dental: Toothpaste/Brush
select one Denture Cleaner

Shaving: Razor Blade
select one Electric Shaver

***** 6 This Section Below Must Be Completed In Full *****

→Name of Person Receiving Gifts: _____
(office use only - please include **full last name** in this section)

→List Submitted By (Contact): _____ →Contact Agency (if applicable): _____

→Contact Phone: _____ →Contact E-Mail: _____

→Contact Address: _____

→Gifts will be picked up by: _____

7 Return wish list by **November 20, 2009**
by fax to 304-865-2072 or by mail to:
The Arc of the Mid Ohio Valley, 521 Market Street,
#17, Parkersburg, WV 26101

FOR OFFICE USE ONLY:

SC Sponsor Name: _____
Organization/Agency: _____
Phone: _____ Email: _____