



Spirit of Christmas of Chippewa County, Inc.  
 P.O. Box 831  
 Chippewa Falls, WI 54729  
**(715) 944-4272** October – December

Applicant #

*SOC Use Only*

**Christmas Season 2019**

All applications must be returned by **November 27**. *(Late applications may not be served)*

Please return applications to: Economic Support, the Salvation Army, email to [spiritofchristmasofchippewaco@gmail.com](mailto:spiritofchristmasofchippewaco@gmail.com) or mail the application to the above address.

**Spirit of Christmas is dedicated to making the Christmas season brighter for children through age 17 years. Children are our top priority with adults being taken care of as money and donations allow. Gift wishes are fulfilled depending on the availability of the items.  
 PLEASE PRINT CLEARLY**

Applicant Full Name (ONLY CUSTODIAL PARENT MAY APPLY)

Spouse/Significant Other Full Name

Address

City, State, Zip

County of Residence – Only Chippewa Co Residents can Apply

Phone #

Cell #

Alternate #

Are You A Veteran?

Are You A Senior Citizen?

**If both parents of the children are not listed above, please note other parent to the right.**

(Please provide other parent's name, address and phone number)

Please indicate:

Total # Persons Living in Household:

Total # of Children (17 & Under) Living in Household:

Would you like to be considered for the **Sponsored Family Program?**

Please note, previously you had to pick up in Chippewa Falls, now you can pick up at designated location noted below.

**Where would you like to pick up your gifts? Please check one box below.**

**Chippewa Falls**

**Cadott**

**Stanley**

**Cornell**

I authorize SOC to release/obtain information about myself and/or my family to/from other agencies to assist and/or avoid duplication of services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Gift Wishes to be listed on backside.*

# Spirit of Christmas Gift Wish List

Applicant #

Children are our top priority.

**DO NOT** list children for whom you do not have primary placement. If there is joint custody of the children, only one parent may apply.

Please **DO NOT** request gift cards as any gift card given is given at the discretion of the SOC staff.

Please **DO NOT** request high valued gifts like Xbox, PSP, iPhones, iPads, tablets, etc as these gifts are not typically donated and are not on hand to give.

**I have read and understand the above.**

Initial

**PLEASE PRINT CLEARLY**

A. First Name	Boy	Girl	Age	<b>SIZES</b> If listed in wishes, please write <b>SIZE</b> and whether <b>Child/Adult</b>
Gift Wishes	4.			
1.	5.			Shoe Size:
2.	6.			Top Size:
3.	7.			Pants Size:

B. First Name	Boy	Girl	Age	<b>SIZES</b> If listed in wishes, please write <b>SIZE</b> and whether Child/Adult
Gift Wishes	4.			
1.	5.			Shoe Size:
2.	6.			Top Size:
3.	7.			Pants Size:

C. First Name	Boy	Girl	Age	<b>SIZES</b> If listed in wishes, please write <b>SIZE</b> and whether Child/Adult
Gift Wishes	4.			
1.	5.			Shoe Size:
2.	6.			Top Size:
3.	7.			Pant Size:

D. First Name	Boy	Girl	Age	<b>SIZES</b> If listed in wishes, please write <b>SIZE</b> and whether Child/Adult
Gift Wishes	4.			
1.	5.			Shoe Size:
2.	6.			Top Size:
3.	7.			Pants Size:

(If there are additional family members, please use another sheet to record names and gift wishes.)