



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 2024

All applications must be returned by **November 25**. *(Late applications may not be served)*

Please return applications to: Economic Support or email to spiritofchristmasofchippewaco@gmail.com or mail 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 – Use Black or Blue Ink (No colored inks)

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 # (Can we text you?)

Phone/Cell II # (Can we text you?)

Email Address

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 cards are 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	SIZES If listed in wishes, please write SIZE and whether Child/Adult
Gift Wishes	4.			
1.	5.		Shoe Size:	
2.	6.		Top Size:	
3.	7.		Pants Size:	

B. First Name	Boy	Girl	Age	SIZES If listed in wishes, please write SIZE 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	SIZES If listed in wishes, please write SIZE 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	SIZES If listed in wishes, please write SIZE 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.)