

REQUEST – DEVON’S BLESSINGS
4915 Franklin Villas Place, Indianapolis IN 46237

PERSONAL INFORMATION

Name:		How did you hear about Devon’s Blessings?
Street Address:	Phone Number:	Email address:
City:	State:	Zip Code:
Gift Recipient: (Please circle one) Self Other		If other, provide full name of recipient and Date of birth:
Best time to contact you: (Please circle one) Morning Afternoon Evening		Preferred method of contact: (Please circle one) Phone E-mail U.S. Postal

REQUEST INFORMATION

What type of gift is being requested:	How much is requested:
How will this gift be used:	
When is this gift needed:	For clothing needs, see reverse side
Please explain why you feel this request should be granted?	
Would you be available to donate time for Devon’s Blessings? If yes, when?	

ORGANIZATIONAL INFORMATION (If applicable)

School/Organization/Company Name:	Street Address:
City:	State:
Website:	Contact Name:
Phone Number:	E-mail:
Briefly describe the School/Organization/Company:	

REFERENCES

Name:	Address:	Phone:

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant: _____ Date: _____

Signature of Devon’s Blessings Board Member: _____ Date: _____

Request Approved: _____ If yes, amount distributed: _____

If denied, reason for denial: _____ Denial Letter Sent: _____ Date: _____

CLOTHING/CHRISTMAS REQUEST –

WHAT DOES THIS CHILD NEED! PLEASE PROVIDE ACCURATE INFORMATION

Name of Child:	Age:	Boy or Girl:
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Favorite Color:

Sizes: Pants:	Shirt/Blouse:	Underwear:	Shoes:	Coat:
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INDICATE IF THE SIZE IS A CHILD, HUSKY, JUNIOR OR ADULT

CHILD'S CHRISTMAS WISH:

- 1.
- 2.
- 3.

Name of Child:	Age:	Boy or Girl:
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Favorite Color:

Sizes: Pants:	Shirt/Blouse:	Underwear:	Shoes:	Coat:
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- 1.
- 2.
- 3.

PHONE # TO CALL TO ARRANGE DELIVERY: _____