



**Due back by EMAIL
NOVEMBER 9, 2026**

The Christmas Angel Program is intended to help **NEEDY FAMILIES** in our town during the holidays. My child has my permission to be registered as an Angel for the Salvation Army Fountain Hills program. I understand that only my child's first name will be placed on the Angel card. I also understand that my child's Angel card might not be selected off the tree to receive a gift.

Parent/Guardian Name _____ Date _____
(Please Print)

Address _____ Child's Class Rm# _____

Phone:(req.) _____ email:(req.) _____

NOTE: We MUST have an e-mail address and phone number for you on file. We will ONLY be contacting you about this program via E-MAIL or phone to let you know if your child has been chosen and to update you on gift pickup information.

Please list the following information about each of your children. Your child's name will be kept confidential, but we need it for our records.

ONLY CHILDREN FROM INFANT TO 12 YEARS ARE ELIGIBLE - OLDER CHILDREN WILL NOT BE INCLUDED

* Code	* Code	* Code	* Code
Name	Name	Name	Name
Age	Age	Age	Age
Sex	Sex	Sex	Sex

* Code - Office Use Only

Clothing Size

Pants	Pants	Pants	Pants
Shirt/Blouse	Shirt/Blouse	Shirt/Blouse	Shirt/Blouse
Sweater/Coat	Sweater/Coat	Sweater/Coat	Sweater/Coat
Shoes	Shoes	Shoes	Shoes
Toys	Toys	Toys	Toys

Please use the back of the paper if you need more space for additional children's names.

If you feel you want your child to participate in this program, please fill out the form and Email it back to us. You May also snap a photo of the form and text it to us.

Date Due Monday, November 9, 2026.

* For Angels Team Use Only

