



**Due Back
NOVEMBER 10, 2025**

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 to receive a gift and that listed gifts are not guaranteed.

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 who qualify. Your child's name will be kept confidential, but we need it for our records. **Eligible ages: Infant -12 years.**

* 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 a separate sheet if you need more space for additional children's names.

If you want your family to participate in this program, please fill out the form and return via email to peter@movinginformation.com - you may also text a photo of the form to 480-837-3820

