



# SECRET CHRISTMAS PROJECT WISH LIST

Serving youth (13+ yrs) and adults with intellectual, cognitive, or developmental disabilities who live in Wood County and have demonstrated financial need with little or no other support.



**Because we strive to purchase items that will be personal and special to the recipient, please make every effort to fill out the form with input from the individual who will be receiving the gifts to ensure their likes and needs are reflected, especially in the leisure/hobbies/interests area.**

1 NAME: \_\_\_\_\_ M F Age: \_\_\_\_\_  
(first name/**last initial** only)

2 THIS PERSON LIVES IN (select one):

Family home  Independent apartment/Home  
 Foster care/Nursing home  Group home/Residential Setting

3 CLOTHING: Please include sizes and colors-this is **very important!** (Do Not Leave This Blank!)

Size	Color		Size	Color	
		Underwear			Gloves
		Shirts/Blouses			Hats
		Sweaters			Pajamas/nightgown
		Pants/Slacks			Robe/slippers
		Sweatpants/Sweatshirts			Socks/hose

4 LEISURE ITEMS/INTERESTS/HOBBIES: (Please Do Not Leave This Blank!!!!)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5 PERSONAL ITEMS:

(Please select one & check male or female-items)

**Toiletry/Miscellaneous**

Select if applicable:

Use Toothpaste/Brush  
 Use Denture Cleaner  
 Diabetic  
 Use Hair Products

**Household Needs**

Select if items are needed:

Laundry Detergent  
 Dishwashing Items  
 Paper Towels  
 Cleaning Supplies

\*\*\*\*\* 6 This Section Below Must Be Completed In Full \*\*\*\*\*

→Name of Person Receiving Gifts: \_\_\_\_\_  
 (office use only - please include **full last name** in this section)

→List Submitted By (Contact): \_\_\_\_\_ →Contact Agency (if applicable): \_\_\_\_\_

→Contact Phone: \_\_\_\_\_ →Contact E-Mail: \_\_\_\_\_

→Contact Address: \_\_\_\_\_

→Gifts will be picked up by: \_\_\_\_\_

7 Return wish list by **November 18, 2011**  
 by fax to 304-865-2072 or by mail to:  
 The Arc of the Mid Ohio Valley  
 912 Market Street, Parkersburg, WV 26101

**FOR OFFICE USE ONLY:**

SC Sponsor Name: \_\_\_\_\_  
 Organization/Agency: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_