



c/o 402-1928 Main St. W  
Hamilton, ON L8S 1J4  
Email: [info@hwHamilton.ca](mailto:info@hwHamilton.ca)  
Phone: 289-684-0246  
Website: www.hwHamilton.ca

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Spouse \_\_\_\_\_

Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Child 1 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Child 6 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Clothing Size: \_\_\_\_\_  
Holiday Wish: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Approved: \_\_\_\_\_

Qualifying Factors

Low Income:   
Bereavement:   
Emancipated Child:

Lost Job:   
Illness in Family:   
Other:

Mail, e-mail or private message the form to Holiday Wish Hamilton