



c/o 402-1928 Main St. W
Hamilton, ON L8S 1J4
Email: info@hwhamilton.ca
Phone: 289-684-0246
Website: www.hwhamilton.ca

Last Name: _____
First Name: _____
Spouse Name: _____

Phone Number: _____
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 Factor

Low Income:
Bereavement:
Emancipated Child:

Lost Job:
Illness in Family:
Other:

Mail Form To:
Holiday Wish
c/o 402-1928 Main St West, Hamilton, ON, L8S 1J4

Email Form To:
info@hwhamilton.ca