



Danny's Helping Hands Information Sheet

Please complete the following information request & return by 11/16

Attn: Colleen Edwards
 PO Box 32
 Elma, NY 14059

or

Email: dannyshelpinghands@gmail.com or cedwards@iroquoiscsd.org

Phone: 716-652-3000 ext. 6115

All information will be kept confidential unless you give permission for Danny's Helping Hands to do otherwise.

Family Name _____

Phone Number _____

Email Address _____

Address _____

City/Town/Zip Code _____

I am seeking help due to _____

Please keep my name confidential

You have my permission to share my name with the people or business that is sponsoring my family

Please complete the following information:

Adults in Household (name and ages) _____

Children living in your household (Use the back of the paper if needed):

| Child Name | Age | Gender | Clothes Size (Shirt/Pants/Shoe) | Gift Ideas Hobbies, Interests, Favorite Color, Character etc... |
|------------|-----|--------|------------------------------------|---|
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I am also interested in receiving the Food Distribution the Monday before Thanksgiving.

YES _____ NO _____

Signature _____