



Danny's Helping Hands Information Sheet

Please complete the following information request & return by 11/9/22

Danny's Helping Hands
P.O. Box 16
Marilla, NY 14102

or

Email: dannyshelpinghands@gmail.com

Phone: 716-290-0436

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...

I am also interested in receiving the Food Distribution the Monday before Thanksgiving.

YES _____ NO _____

Signature _____