

Birthday Gift Request:



Name of Child: _____

Child's Birthday: _____ Age at Birthday _____

Name of Provider (requesting gift): _____

Date of Request: _____ Phone Number: _____

Please mail this form to JCFPA, PO Box 382, Medford, OR 97501
Or bring it to the monthly Association meeting.

GUIDELINES:

- A request form must be submitted for tracking purposes in order to receive a gift. (*Gifts are donated.*)
- Request forms must be turned in **one month prior** to the child's birth month.
- Exceptions will be made only if a child has come into your care within the month.
- You must be a JCFPA member to request a gift. (*Special requests are not accepted.*)
- Gifts will be brought to the monthly Association meeting, or available for pickup from Karen or JoAnn.
- Any suggestions on type of gift or ideas on gifts? (Is child a reader, outdoor type, etc...)

Suggestions _____

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