



Referral Form - for Individuals to Receive Food and/or Toys

Potential Recipient	
INDIVIDUAL _____	PHONE _____
ADDRESS _____	SOCIAL SECURITY # _____
CITY/STATE/ZIP _____	E-MAIL _____

What is Needed:	
___ FOOD	___ TOYS
KIDS/AGES	ONLY CHILDREN AGES 14 AND UNDER WILL RECEIVE TOYS
___ BOYS AGES: _____	
___ GIRLS AGES: _____	

Referred by:	
INDIVIDUAL _____	PHONE _____
ORGANIZATION _____	
ADDRESS _____	FAX _____
CITY/STATE/ZIP _____	E-MAIL _____
COMMENTS: _____	

Mail to:
Christmas Coalition
PO Box 414
Rodeo, CA 94572

Fax to:
(510) 217-2300

Questions? Call
(510) 245-5291