

The Kylee Lillich Charitable Giving Tree  
2009 Wish Referral Form

Referring Agency/School: \_\_\_\_\_

Referring Name/Phone & EMAIL: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**1. Please describe in detail the family circumstances and the needs of the children you are referring. 2. Rank wishes below if more than one item is requested. 3. Please complete ALL SECTIONS of this form.**

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Family First and Last Name: \_\_\_\_\_ (parent/guardian)

Phone #: \_\_\_\_\_ Address #: \_\_\_\_\_

**Children:**

**# 1** Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Wish 1: \_\_\_\_\_

Wish 2: \_\_\_\_\_

Sizes: \_\_\_\_\_

**# 2** Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Wish 1: \_\_\_\_\_

Wish 2: \_\_\_\_\_

Size: \_\_\_\_\_

**# 3** Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Wish 1: \_\_\_\_\_

Wish 2: \_\_\_\_\_

Sizes: \_\_\_\_\_

**# 4** Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Wish 1: \_\_\_\_\_

Wish 2: \_\_\_\_\_

Size: \_\_\_\_\_

**Please be sure to identify sizes in terms of toddler (T), children(C), teen (TE), or adult (A). Include shoe size if shoes are requested.**

**Fax completed form to 916-419-5503**

**Please call Traci Lillich, President with any questions 916-419-8150 or 419-9694**

**Please NOTE: The Kylee Lillich Charitable Giving Tree does not guarantee all wishes will be fulfilled. Parent/Guardian Must AGREE to participate before referral is submitted.**