

The Kylee Lillich Charitable Giving Tree Wish Referral Form

Referring Agency/School: _____

Referring Name/Phone & EMAIL: _____

(must list) Today's Date: _____ Date Needed: _____

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. Only list clothing sizes if it is a primary necessity and wish. No gift cards will be given out.

Family First and Last Name: _____

Phone #:

Address: _____

Child # 1 Age: _____ Male/Female

Wish 1: _____

Wish 2: _____

Sizes: _____

Child # 2 Age: _____ Male/Female

Wish 1: _____

Wish 2: _____

Size: _____

Child # 3 Age: _____ Male/Female

Wish 1: _____

Wish 2: _____

Sizes: _____

Child # 4 Age: _____ Male/Female

Wish 1: _____

Wish 2: _____

Size: _____

ONLY LIST CLOTHES SIZES IF THEY ARE WISH 1 or 2 and needed. 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 916-354-9710

Please call Traci Lillich, President with any questions 916-747-9555

or email: beartram@aol.com

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.