This form should be completed by the actual family requesting help from Christmas Sharing. Family Advocates can assist if necessary, and should complete the special information at right.

Christmas Sharing
Lewis County Opportunities, Inc.

Adult Name:_____ **Adult Name:**_____

911 Address:_____ **Phone**_____

_____

_____

☐ If you are an advocate for the family, please check this box and list your name, title, and telephone number here:

Directions To Home_____

_____

_____

_____

☐ I will deliver the packages to this family

Children's Names Only

AGE	Name	M	F	Clothing Size

Please mail this completed form to:
Lewis County Opportunities, 8265 State Rte 812, Lowville, NY 13367
Attention: Christmas Sharing