



HOLIDAY WISHES

POWERED BY

School District 145 Foundation for Education

dist145ffe.org

FUNDED THROUGH

community donations

The holiday season is a joyful one! From our board room to your family homes, we extend grace and goodwill. For some of our neighbors, holiday expectations carry financial and emotional stress. For this reason the School District 145 Foundation for Education would like to extend an invitation to you to become part of the Holiday Wishes program. Our system anonymously matches School District 145 families in need with School District 145 families who can help.

If you would like to be a recipient of this program, or make a donation to it, please complete the applicable information below and return this form to your school building's main office by Wednesday, November 15. A School District 145 Foundation for Education Board Member will collect the forms and contact you directly with next-step instructions. Only return one form per family.

OUR FAMILY NEEDS HELP

Parent / Guardian Name: _____

Phone Number: _____ E-mail Address: _____

Does your family qualify for the free or reduced lunch program? _____

If no, explain the circumstances that make this holiday season difficult for your family.

Use the opposite side of this form to share specific wishes.

OUR FAMILY OR BUSINESS CAN HELP

Name: _____

Phone Number: _____ E-mail Address: _____

USPS Mailing Address: _____

_____ I want to shop for a family in need. Please connect me with a specific wish list.

_____ I've enclosed a financial donation to support the Holiday Wishes program (checks should be made payable to "School District 145 Foundation for Education").

Monetary donations can be 1) returned to any school building office, 2) mailed via USPS addressed to PO Box 119, Waverly, NE 68462 or 3) gifted online at dist145ffe.org/support-145/donate.html (enter "Holiday Wishes" in the Special Intent box).

Holiday Wishes program recipients must be children who attend, or will attend, School District 145. Program funding is limited to community donations. For this reason, please prioritize wish requests. Excessive requests for expensive items will not be filled. Program questions can be directed to Holiday Wishes Program Co-Coordinator, Mrs. Karmin Powell (402-416-5989) or Mrs. Debbie Schmeekle (402-730-1559).

If you wish to be a recipient of the Holiday Wishes program, use the space below to provide information for each child currently residing in your home. Children already graduated from high school are not eligible. Return this form to your school building's main office by Wednesday, November 15.

CHILD NAME: _____

Age: _____ M / F Favorite characters: _____

Favorite color: _____ Favorite sports / activities: _____

Clothing items needed (include sizes): _____

Toy or other gift wishes: _____

CHILD NAME: _____

Age: _____ M / F Favorite characters: _____

Favorite color: _____ Favorite sports / activities: _____

Clothing items needed (include sizes): _____

Toy or other gift wishes: _____

CHILD NAME: _____

Age: _____ M / F Favorite characters: _____

Favorite color: _____ Favorite sports / activities: _____

Clothing items needed (include sizes): _____

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CHILD NAME: _____

Age: _____ M / F Favorite characters: _____

Favorite color: _____ Favorite sports / activities: _____

Clothing items needed (include sizes): _____

Toy or other gift wishes: _____

Attach additional pages as necessary.

