



2024 Gift Application

Application ID _____

(Organizer Usage)

After completing the application, please email your application to contact@dunnchristmasmiracle.com or drop off at Integrity Auto Care Center. For any question, please feel free to contact us at (715) 231-3993.

All applicants will be required to come into Integrity Auto Care center for a brief review of your application.

Parent / Guardian Information

First Name		Last Name		D.O.B	Phone #	Email
State	City	Zip Code	Address			
Monthly Income		State Benefits (Please explain, leave blank if none.)				
\$						
Do you have any special circumstances we should consider?						

Additional Parent / Guardian Information

First Name		Last Name		D.O.B	Phone #	Email
State	City	Zip Code	Address			
Monthly Income		State Benefits (Please explain, leave blank if none.)				
\$						

Total Household Monthly Income:	\$
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Child #1 Information Child ID# _____

(For event organizer usage)

First Name	Last Name	Age	Pant Size	Shoe Size	Shirt Size
Favorite color	Favorite Animal	Favorite Animated Character			
Requested Gift #1					
Requested Gift #2					
Requested Gift #3					
(Do not request for electronics, your application may be discarded if electronics are requested.)					
Does this child live in the same household as the parent/guardian? If not, explain.					

Child #2 Information Child ID# _____

(For event organizer usage)

First Name	Last Name	Age	Pant Size	Shoe Size	Shirt Size
Favorite color	Favorite Animal	Favorite Animated Character			
Requested Gift #1					
Requested Gift #2					
Requested Gift #3					
(Do not request for electronics, your application may be discarded if electronics are requested.)					
Does this child live in the same household as the parent/guardian? If not, explain.					



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Child #3 Information Child ID# _____

(For event organizer usage)

First Name	Last Name	Age	Pant Size	Shoe Size	Shirt Size
Favorite color	Favorite Animal	Favorite Animated Character			
Requested Gift #1					
Requested Gift #2					
Requested Gift #3					
(Do not request for electronics, your application may be discarded if electronics are requested.)					
Does this child live in the same household as the parent/guardian? If not, explain.					

I certify that the information provided above is accurate and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

The Information below is for even organizer only			
Contacted Applicant	Met with Applicant(s) On	Approved On	Declined On
Date: __/__/__	Date: __/__/__	Date: __/__/__	Date : __/__/__
Notes			