

The Arc Secret Christmas Wish List 2024

Total Value of the entire page should not exceed \$50

Print clearly and please be specific on sizes, colors, etc.

First Name: _____ Last Initial _____ Male: Female:
Favorite Color: _____ Agency: _____
Favorite Sports Teams(s): _____ Date of Birth: _____ Age _____
Hobbies: _____

Clothing: Provide the appropriate size, if you are in between sizes, select the larger size
Check box: children's, juniors, men's, or women's

Shirt: (Size) _____ **Pants:** (Size, Length and Type) _____
(Type) _____
 Children's Men's Children's Men's
 Junior's (girls only) Women's Junior's (girls only) Women's

If needed:

Coat size _____

Children's Men's

Junior's Women's

Need a hat? Yes No

Need gloves? Yes No

Need socks? Yes No

Need underwear? Yes No

Sizes: _____

Please use this space to add important information regarding what they really need. And be specific with capabilities, needs, medical needs and special considerations. (ie. Socks, undergarments, other personal items & brands if required.)

Shoes: Size _____ Width _____ (A, AA, E, Narrow, Etc.) Type: _____ (Sneakers, Winter Boots, etc.)

On the lines below, list items you would like to receive. You may list, jewelry, movies, CDs, etc.

- If requesting bedding, select size needed: Twin Full Queen King Color _____
- If requesting movies, specify: DVD Blu-Ray
- If requesting music, board games or craft items, *please be specific with details.*

Wish List Items: _____

We are unable to provide the following items: Gift Cards, Bicycles, Video Game Systems, Cell Phones, Laptops, Tablets, TV's, or extremely violent/explicit movies or music.

The Arc of the Mid Ohio Valley encourages all people with disabilities to reach their full potential. Accordingly, we request only age appropriate gifts be recommended for purchase. See attached.

The Arc Secret Christmas Assistance Application



Serving youth (13+ yrs.) and adults with intellectual, cognitive, or developmental disabilities who live in the Mid Ohio Valley and have demonstrated financial need with little or no other support.

Because we strive to purchase items that will be personal and special to the recipient, please make every effort to fill out the form with input from **the person who will be receiving the gifts** ensuring their likes and needs are reflected.

Include first and last name in this section

- Name of Person Receiving Gifts: _____
- List Submitted By (Contact): _____
- Contact Agency (if applicable): _____
- Contact Phone: _____
- Contact E-Mail: _____
- Mailing Address: _____
- County: _____
- **Gifts will be picked up by:** _____

Return by: **October 18th, 2023**

Questions contact:

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Mail to:

Secret Christmas
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