BIG FAMILY OF MICHIGAN - CHRISTMAS WISH LIST		Agency No. Assigned by BFOM*	
Agency*	County*	Contact*	
		L	
Cell Phone*	Email Address*		
Child's First Name, Last Initial*		Age*	Gender*
Child - 6, 6/7, 8, 10, 1	12 mo, 18 mo, 24 mo, 2T, 3T, 4T		
Please CHECK MARK items on W	ish List*		
☐ Coat	Pajamas	Underwear	Bra (Size)
☐ Toys	☐ Games	Books	☐ Educational Toys
□ Doll	Puzzles	☐ Crafts	Earrings (Pierced)
African American			Earrings (Not Pierced)
☐ Casusian	Shoes/Boots/	☐ Basketball☐ Football	□ lowoln/
☐ Hispanic ☐ Native American	Slippers Size	Soccerball	☐ Jewelry ☐ Make Up
Asian	3126	☐ Volleyball	Toiletries
☐ N/A	Socks	Volleyball	Tottetries
SPECIAL REQUESTS: Favorite Co	olor, Favorite Character, etc.		
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Is there more than one child in th	ie same nousenold? IF YES, PLI	EASE PROVIDE NAMES.	