

ALL REQUESTS MUST BE SUBMITTED NO LATER THAN 12/21/17  
QUESTIONS? CALL BILL OSBORN AT 518-792-4514



**Ben Osborn Memorial Fund**

P.O. Box 4040

Queensbury, NY 12804

[benosbornfund@gmail.com](mailto:benosbornfund@gmail.com)

## Christmas Initiative Form

<b>School/Organization:</b>	_____		
<b>Student:</b>	_____		
<b>Age:</b>	_____	<b>Date Requested Help:</b>	_____
<b>Gender:</b>	_____	<b>Date Due Back:</b>	_____
<b>Grade:</b>	_____	<b>Wrap Items?:</b>	_____

*Clothing Needs:*

Size \_\_\_\_\_  
Color \_\_\_\_\_  
Notes: \_\_\_\_\_

*Footwear Needs:*

Size \_\_\_\_\_  
Color \_\_\_\_\_  
Notes: \_\_\_\_\_

*Undergarments:*

Size \_\_\_\_\_  
Notes: \_\_\_\_\_

*Outerwear Needs:*

Size \_\_\_\_\_  
Color \_\_\_\_\_  
Notes: \_\_\_\_\_

*Toys/Gifts:*

\_\_\_\_\_

*Other:*

\_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Title: \_\_\_\_\_

\*All gifts will be delivered to the Requestor unless otherwise directed    \*\*One form PER CHILD/ADULT  
\*\*\*PLEASE ALLOW THREE DAY TURN AROUND TIME TO FULFILL YOUR REQUEST