



2018 WISH LIST INSTRUCTIONS:

The Christmas Wish Program is only available to children fighting cancer who are local to the Austin, TX area. Parents MUST check in with Amanda first, if they have never been a part of the program in the past.

Please be sure to fill out the Contact Form in its entirety and turn it in with your Wish Lists.

*Your child(ren) will receive their gifts on December 8, 2018 at our Winter Wonderland Party at the Bridge Community Church in Hutto (party details are on our private families page on fb). If your family is NOT able to come to the party, please contact Amanda@battle4acure.org, so we can find a day for you to pick up your gifts before Christmas Day.

Gifts will not be mailed this year.

Please fill out the attached Wish List for EACH of your children. Please put the name of the child who is fighting cancer at the top of the page in the blank that says "Fighter's Name". We have to be able to match up the siblings to the child who is enrolled. Only children who are living in the home with the Fighter are eligible for this program.

Please be very specific when filling out the wish list!

Please do your research and make sure you choose a gift available at

one of the following stores ONLY:

Target, Walmart OR Amazon.com

After you have completed a wish list for each of your children, please scan and email them to Amanda@battle4acure.org or mail them to:

Battle for a Cure Foundation
402A W. Palm Valley Blvd. #101
Round Rock, TX 78664

WE MUST RECEIVE EACH WISH LIST BEFORE NOVEMBER 1ST!

If you have any questions, please feel free to contact Amanda@battle4acure.org.



Battle for a Cure Foundation Family Contact Form

(This form is to be completed by the child's PARENT/LEGAL GUARDIAN ONLY - PLEASE PRINT)

Fighter's Name: _____

Age: _____ DOB: _____ Gender: Male Female

Diagnosis: _____ Diagnosis Date: _____

Describe your child's current medical condition:

Parent/Legal Guardian Name: _____

Parent Email Address: _____

Sibling Name: _____ DOB: _____ Gender: Male Female

Sibling Name: _____ DOB: _____ Gender: Male Female

Sibling Name: _____ DOB: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

*Parent/Legal Guardian Signature

Date



Please return the following Wish List for EACH of your children to
Amanda@battle4acure.org **No Later Than November 1st!** Please be very specific!
PLEASE PRINT.

Fighter's Name {First & Last}: _____

This Wish List is for:

Child's Name: _____ Age: _____

{READ ME, I HAVE BEEN UPDATED!!} WISH LIST PROGRAM INSTRUCTIONS:

- ✓ Every fighter and every sibling will receive one (1) Wish Gift each.
- ✓ **Please make sure you choose a gift available at one of the following stores: Target, Walmart or Amazon.com.**
- ✓ Gifts will be given on December 8th at the Winter Wonderland Party.
- ✓ Wish Gifts must be **under** \$100 each.
- ✓ No cash money or Gift Card wishes will be granted.
- ✓ No wishes for live animals will be granted.
- ✓ No wishes for weapons of any kind will be granted.
- ✓ Please fill out ALL THREE (3) SPACES below.

Please Provide 3 Wish Gift Ideas

(Only ONE Will Be Granted. The Others Will Serve as "Back-up" Choices.):

1. _____ Estimated Cost: _____
This item can be found at (please circle one): Target Walmart Amazon.com

2. _____ Estimated Cost: _____
This item can be found at (please circle one): Target Walmart Amazon.com

3. _____ Estimated Cost: _____
This item can be found at (please circle one): Target Walmart Amazon.com