



Birthday Blessing, Inc

Together we will make a difference in the life of a child!

Gift Request Form

Date _____

Fax to Birthday Blessing, Inc.
703-779-1309

Social Worker's Name _____

Phone number _____

Delivery address _____

Email address _____

Can you pick up gifts? Yes No

We need the following information to fill the birthday present request.

**Please allow 3 weeks for delivery of gifts.

<i>Child's First Name</i>	<i>Age</i>	<i>Sex</i>	<i>Ethnicity</i>	<i>Birthdate</i>	<i>Age Child is Turning</i>	<i>Child's Special Interests</i>