



# GAL Annual Holiday Drive - 2013

Coordinated by Child Advocates II

(Non-Profit Board for the Guardian ad Litem Program)

Questions or Concerns, Please contact: Stacey Burns with CAII

(850) 320-0816 or [Childadvocates2@gmail.com](mailto:Childadvocates2@gmail.com)



**GAL Volunteer Name:**

**E-mail:**

**Phone #:**

**Case Coordinator:**

**County:**

**Case No.:**

Submit Wish List via e-mail/scan, fax or postal mail to:

Laurie Williams

Thomasville Road Courthouse Annex

1920 Thomasville Road, Suite 208

Tallahassee, Florida 32301

Telephone No. 850-606-1212 Fax No. 850-606-1201

[Laurie.Williams@gal.fl.gov](mailto:Laurie.Williams@gal.fl.gov)

### Must be Completed by Volunteer or Staff ONLY (Please circle)

Child(ren) need to be sponsored: Yes or No

Child(ren) placed out of Circuit: Yes or No – If Yes, please provide mailing address for gift cards below

Volunteer will deliver gifts to child(ren): Yes or No

#### 1. Child's First Name ONLY:

**Please Circle:** Female or male

Age: \_\_\_\_\_ Race: \_\_\_\_\_

Special Needs of Child: \_\_\_\_\_

\_\_\_\_\_

**Clothing Size:** Pants: \_\_\_\_\_ Shirts: \_\_\_\_\_

Jacket/Coat \_\_\_\_\_ Underwear: \_\_\_\_\_

Diaper size: \_\_\_\_\_ Socks size: \_\_\_\_\_

#### Special Request/Toys:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

#### 2. Child's First Name ONLY:

**Please Circle:** Female or male

Age: \_\_\_\_\_ Race: \_\_\_\_\_

Special Needs of Child: \_\_\_\_\_

\_\_\_\_\_

**Clothing Size:** Pants: \_\_\_\_\_ Shirts: \_\_\_\_\_

Jacket/Coat \_\_\_\_\_ Underwear: \_\_\_\_\_

Diaper size: \_\_\_\_\_ Socks size: \_\_\_\_\_

#### Special Request/Toys:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

#### 3. Child's First Name ONLY:

\_\_\_\_\_

**Please Circle:** Female or Male

Age: \_\_\_\_\_ Race: \_\_\_\_\_

Special Needs of Child: \_\_\_\_\_

\_\_\_\_\_

**Clothing Size:** Pants: \_\_\_\_\_ Shirts: \_\_\_\_\_

Jacket/Coat \_\_\_\_\_ Underwear: \_\_\_\_\_

Diaper size: \_\_\_\_\_ Socks size: \_\_\_\_\_

#### Special Request/Toys:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Other Family Needs or notes:**

**FOR CAII USE ONLY:**

**Sponsor:**

**Contact:**