

# FAITH "Fighting Cancer" in Montgomery County Family Christmas Assistance Program

Patients Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Clothing Sizes: Pants: \_\_\_\_\_ Shirts: \_\_\_\_\_ Shoes: \_\_\_\_\_

Holiday Gift Ideas:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Clothing Sizes: Pants: \_\_\_\_\_ Shirts: \_\_\_\_\_ Shoes: \_\_\_\_\_

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Holiday Gift Ideas:

1. \_\_\_\_\_ 4. \_\_\_\_\_

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