



# Desert Veterans of Wisconsin Recipient Request Form



Primary Registrant \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Would you prefer to pick up gifts or have them delivered to your house?

Household Size \_\_\_\_\_ Do you have pets? \_\_\_\_\_ Species & Age(s) \_\_\_\_\_

## Gift Cards

Pet Preferred Food/Treats/Toys \_\_\_\_\_

- Grocery     
  Clothing     
  Shoes/Boots     
  Electronics     
  General (Visa/Mastercard/Amex)

## Registrant #1 (Primary Registrant)

Age \_\_\_\_\_ Gender: \_\_\_\_\_

### Clothing/Shoes/Outerwear

Item	Details		
	Brand(s)	Size	Color

### Gift/Personal/Household Items

Item	Details			
	Brand(s)	Model	Color	Other

**\*\* Please copy page 2 as needed for each additional registrant and specify a unique number for each.**

Please complete and send the form to : DVOW Christmas Program  
1253 Scheuring Rd, Suite A  
De Pere, WI 54115  
or [DVOWChristmas@gmail.com](mailto:DVOWChristmas@gmail.com)

Contact Dani at [DVOWChristmas@gmail.com](mailto:DVOWChristmas@gmail.com)  
or 262-389-2277 with any questions





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