

Office Use Only

Date Rec'd _____

Matched to _____



Youth Services

McLennan Center for Youth
PotashCorp Campus

BRINGING
★
YDS HOPE



Yes, I want to be a part of the Youth Services' Holiday Gift Program

(Please print clearly)

Name _____

Company _____

Address _____

City _____ Zip _____

Phone Number _____

Email _____

You may use this form or our online form at ysgn.org.

Please send me a Wish List via: Email Mail

I wish to make a **donation** to the work of Youth Services in the amount of \$_____.

Check Enclosed

Donation made online (ysgn.org)

I wish to **purchase** gifts for:

Individual Child/Children - Number of Children _____

Family with parents - Number of Family Members _____

Please return no later than November 25, 2017 to:

Youth Services • 3080 West Lake Ave. • Glenview, IL • 60026

Emails will be sent from holiday.gift@ysgn.org. Please make sure this email is not blocked. If you do not receive a Wish List by November 1, please call 847.724.2620