CSP #

FCSS Internal Use Only

Your personal information will not be shared with the public

NAME _____

PHONE NUMBER: _____

PHYSICAL ADDRESS:

I WOULD LIKE TO RECEIVE CHRISTMAS MEALS

Y **N**

Please return application form to CP FCSS at 4202-50 ST Spirit River

by November 6, 2025

SENIORS WISH LIST

Please list items you could use or would enjoy!

Gender: M F

Please ensure you state your size if items are clothing-related

Sponsors: Please attach this tag to your gift and drop off at FCSS office no later than 3 pm, Dec 4, 2025