acility Name				Address				
Contact Name				Email _	c). This assigned number will be listed	Phone _		
Please choose	a 1, 2 or	3 digit Resident # fo	or each senior that will be easy for y	ou to track (room #, et	c). This assigned number will be listed	on each gift.		
Resident #	Male/ Female	Diabetic (Y/N)	Gift Request	Size (if applicable)	Favorite Snack, Treat or Candy	Favorite Color	Allergies or Dietary Restrictions	Stocking Only (Y/N

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Resident #	Male/ Female	Diabetic (Y/N)	Gift Request	Size (if applicable)	Favorite Snack, Treat or Candy	Favorite Color	Allergies or Dietary Restrictions	Stocking Only (Y/N)
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