



**EASTER BASKET REQUEST FORM**

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: (must be a Wilmington resident) \_\_\_\_\_

Email Address: \_\_\_\_\_

Child #1 - Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child #2 - Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child #3 - Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child #4 - Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child #5 - Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of head of household

**Completed form & proof of residency must be received by WOW no later than March 26th.**  
Email: [info@onewilmington.org](mailto:info@onewilmington.org) or mail: We're One Wilmington P.O. Box 25, Wilmington MA 01887