

“Giving Hearts at Geritom Medical” Birthday Gift Form

Please **PRINT** & fill out all information completely (including sizes). Please list gifts that are in the \$20 or less range. Please remember this is for residents that have no means of support other than government programs (cannot receive gifts from another source, including from home/ staff). Please give us **at least 2 weeks before birthday**. For confirmation please contact us at our website www.geritommedical.com or call Rebekah Jensen at 952-854-1190.

Company Name _____

Home Name _____

Address _____

Phone # _____

Fax # _____

Contact name _____

Birth Date _____

Resident's Full Name _____

Age _____ Sex _____ Favorite colors _____

Top size _____ Pant size _____ Shoe size _____

Grade Level of understanding _____

Special needs or concerns (e.g. diabetic, tube feed, soft foods)

What they would like:
