

“Giving Hearts at Geritom Medical” Birthday Gift Form

Please **print** all information. Fill out form completely, even if they aren't asking for clothes. Make sure to give us your fax number and contact name. 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 work or does not have family support).

Please give us at least 2 weeks before birthday. For confirmation please contact us at our website www.geritommedical.com or call Kim at 952-854-1190.

Company Name _____

Home Name _____

Address _____

Phone # _____

Fax # _____

Contact name _____

Birth Date _____

Resident's Full Name _____

Age _____ Sex _____

Top size _____ Pant size _____ Shoe size _____

Favorite colors _____

Grade Level of understanding _____

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

What they would like:
