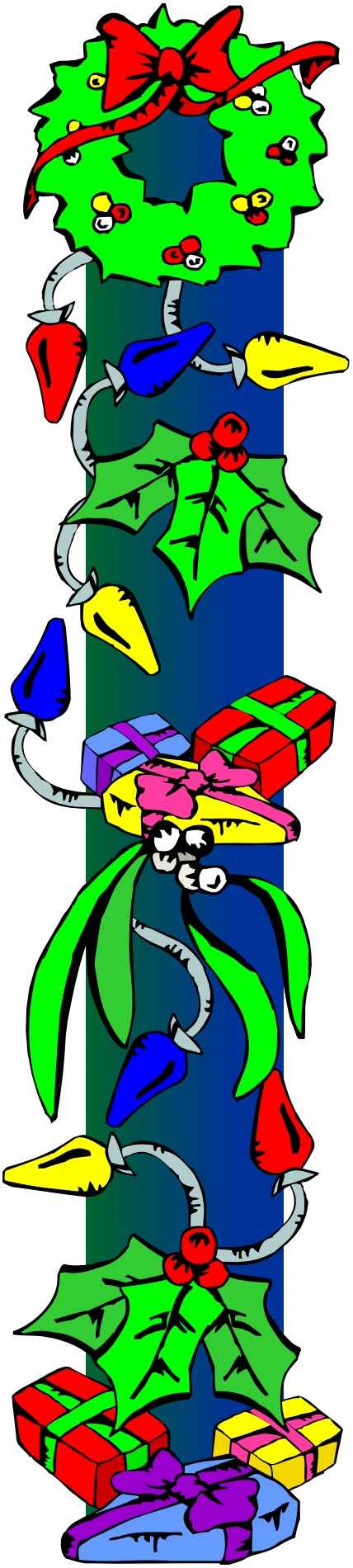

Request for Holiday Assistance

Parent's name:_____

_____

Child(ren's) name:_____

_____

_____

Address:_____

_____

Phone number:_____

Age:_____

Gift Request:_____

_____

_____

Holiday Meal: ____yes ____no

For further questions, please contact the NY National Guard Family Program Office: Theresa Barone-Lopez/ Stephanie Duell

DMNA/MNFP
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Latham, NY 12110
Phone #:(518)786-4904/4774
Fax: 518-786-6075