Pay it Forward Christmas Program

Please Fill Out Completely (Van Buren County CSD) 2025 **DUE November 14th**

Parent Name: Last Name_____ First Name_____

Child's Name: Last Name_____ First Name_____ Weight____ Height____

Address:_____ City:_____ Zip Code_____

Boy Girl Age ___ DOB:_____ Phone #_____

Circle Building - Douds Elem Harmony Elem MS/HS

Please Use Black Ink & Print

Clothes	Size	Wish List
		Favorite Color:

WE DO NOT GIVE OUT: GIFT CARDS, NAME BRAND CLOTHING, VIDEO GAMES, TECHNOLOGY, FURNITURE, ECT.

If everything is not filled out, we can not complete your order.

We must have Parents Name, Address, and Phone #

Approximate weight and height are very important to get the right clothing size.

If you have any questions, email jessie.greiner@vbcwarriors.org or direct message Jessie Greiner on ParentSquare.

We will contact you about a pickup date in December.