

FOSTER ANGELS 2009 WISH LIST

<i>FOSTER PARENT NAME:</i>		<i>PHONE:</i>	
<i>FDS NAME:</i>		<i>CELL:</i>	
<i>CM NAME:</i>		<i>PHONE:</i>	
<i>CARE CENTER:</i>			
<i>NAME:</i>	<i>SHOE SZ.</i>	<i>SHIRT SZ.</i>	<i>PANTS SZ.</i>
<i>AGE: M F</i>			
<i>Medical Conditions?:</i>			
<i>*5 WISHES:</i>			

***PLEASE MAKE WISHES REALISTIC**
 ALL WISH LIST MUST BE TURNED IN BY OCT. 9, 2009.
 PLEASE FAX TO 813-986-5316
 EMAIL: FOSTERANGELSOHC@AOL.COM
 OR GIVE TO FDS OR CM TO FAX
 PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS
 KAREN JOINER 813-359-3114
 STEPHANIE MACNEEL 813-770-4313
 DEBBIE REGISTER 813-650-4040
WWW.FOSTERANGELS.COM