

Office Use Only

Date Rec'd \_\_\_\_\_

Matched to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Youth Services**  
McLennan Center for Youth  
PotashCorp Campus

BRINGING  
★  
YDS HOPE



**Yes, I want to be a part of the Youth Services' Holiday Gift Program**

(Please print clearly)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

You may use this form or our online form at [ysgn.org](http://ysgn.org).

Please send me a Wish List via:  Email  Mail

I wish to make a **donation** to the work of Youth Services in the amount of \$\_\_\_\_\_.

Check Enclosed

Donation made online ([ysgn.org](http://ysgn.org))

I wish to **purchase** gifts for:

Individual Child/Children - Number of Children \_\_\_\_\_

Family with parents - Number of Family Members \_\_\_\_\_

**Please return no later than October 16, 2017 to:**

Youth Services • 3080 West Lake Ave. • Glenview, IL • 60026

Emails will be sent from [holiday.gift@ysgn.org](mailto:holiday.gift@ysgn.org). Please make sure this email is not blocked. If you do not receive a Wish List by November 1, please call 847.724.2620