



***Lend A Hand Heal A Heart Inc. is working to provide kids in Atlanta and the surrounding cities with a great Christmas. To have your children be eligible to receive gifts, please complete the following information.***

**Parent Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_

<b>Child's Name</b>	<b>Age (under 14)</b>	<b>Male or Female</b>

***To schedule an appointment email [lahhhfoundation@gmail.com](mailto:lahhhfoundation@gmail.com). Please bring this application along with a copy of your child's birth certificate to your appointment.***