



LEND A HAND HEAL A HEART INC.

HOLIDAY ASSISTANCE PROGRAM

Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name :

Nickname : Nationality:

Date of Birth : / / Phone :

Email : Address:

Gender: Male Female City/ State:

Marital Status : Postal Code:



CHILD NAME

AGE

Child 1	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>

Thank you for visiting our website and for your interest in our Christmas giveaway program. Our list is currently full, but we encourage you to check back on November 15th, 2025, for future opportunities. We appreciate your support and understanding.