



# 2021 Seward Angel Tree Nomination Form



Seward Volunteer Fire Department  
P.O. Box 832, Seward, AK 99664  
PH: (907) 224-3445 FAX: (907) 224-8633

## NOMINEE FAMILY INFORMATION

Parent/  
Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you nominating yourself or others?  SELF  OTHERS

The information on this sheet will be kept strictly confidential and only used for the Seward Angel Tree Program.  
**Please note:** we *must* obtain approval from the parent/guardian to guarantee gift delivery.

Name of Angel	Age	Sex	Wish List, Special Needs	Clothing & Shoe Sizes
A)				
B)				
C)				
D)				
E)				
F)				
G)				

**Return this form by Friday, December 3, 2021**

<b>RETURN FORM TO:</b>	Seward Fire Department 316 Fourth Avenue Seward, AK 99664	<b>GIFT WRAPPING PARTY:</b> (At Seward Fire)	Saturday, December 18 @ 12:00 pm
	or Fax: 224-8633	<b>DELIVERY DATE:</b> (Seward City Limits)	Wednesday, December 22 After 6:00 pm
		<b>GIFT DELIVERY DATE:</b> (Bear Creek Area)	Thursday, December 23 After 6:00 pm

FOR SVFD USE ONLY			
Family #:	Willing to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sponsored By:	
Directions to delivery address:			
Notes:			
Name of Caller:			