WILSON MEDICAL
REHABILITATION CENTER

ADOPT-A-CHILD CHRISTMAS WISH LIST

One form is required for each child.

CHILD INFORMATION

Child's Name: _____

Age: _____ Grade: _____ Gender: _____

A LITTLE ABOUT YOUR CHILD

Help us make Christmas special! Please share a few gift ideas, favorite activities, interests, or items your child would enjoy receiving. Clothing and shoe sizes are also helpful.

Toys, Games & Gift Ideas:

Favorite Activities or Interests:

Clothing Size: _____

Shoe Size: _____

We will do our best to provide a requested item; however, specific gifts cannot be guaranteed.
One gift per child is guaranteed.

PARENT / GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

IMPORTANT DEADLINE: FRIDAY, NOVEMBER 20, 2026

Please return completed wish lists to the Rehabilitation Center, 604 Main Street, Neodesha.
We will contact you when your child's gift is ready for pickup.
Thank you for allowing us to be part of your family's Christmas!
Questions? Call us at 325-2253