



MACC CHRISTMAS NOMINATION FORM

Thank you for the submission of your nominee. This submission must be received by Friday Oct 11th, 2019 to be eligible to receive a gift during our MACC Christmas event which will be held on Tuesday December 3, 2019. A nominee's information will not be shared or publicized. You may be contacted for additional information.

Organization/Person making nomination _____

Organization's Phone/email _____

Nominee's Name _____

Nominee's Address _____

Home Phone _____ Cell Phone _____

Email _____

Please select which criteria this nominee meets to make them eligible to be selected for MACC Christmas Gift:

- Loss of Job
- Loss of Home
- Injury/Illness of Parent or sibling
- Death of Parent/Sibling
- Incarceration of a Parent
- Other: _____

Please indicate the first name, age, sex, and 3 items on the child's wish list

| <u>Name</u> | <u>age</u> | <u>sex</u> | <u>first item</u> | <u>Second item</u> | <u>Third item</u> |
|-------------|------------|------------|-------------------|--------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

MACC Christmas
 Hosted by Mid Atlantic Chiropractic Center
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 Frederick, MD 21703
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 301-698-0001

