

# *Stockings for Santa*

The Salvation Army Women's Auxiliary is helping Santa stuff 1,000 Christmas stockings. A \$15.00 donation will provide a stocking filled with small gifts, hygiene items and a Christmas activity book to a child attending one of the Metroplex Salvation Army programs. What a wonderful way to honor the special individuals in your life while sharing the Christmas spirit with others. Remember your friends, pastor, child's teacher or your next door neighbor. Each individual honored will receive a Santa card acknowledging your gift.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I wish to order \_\_\_\_\_ Stocking(s) @ \$15 each for a total of \$ \_\_\_\_\_.

I am enclosing my check (made payable to TSAWA) in the amount of \$ \_\_\_\_\_.

OR

Please charge my credit card (checked below) for \$ \_\_\_\_\_.

MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ American Express \_\_\_\_\_

CC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ V Code \_\_\_\_\_

Order early. Acknowledgement cards can be mailed out to you starting in October. Please help us make a child happy and have plenty of time to enjoy the Christmas Spirit as you send this special remembrance to those you care for to be included in your cards as that special gift for friends.

If you want The Salvation Army Women's Auxiliary to mail your cards,  
complete page 2 of this form and return by DECEMBER 1.  
Please print clearly.

**Mail with your payment to:**

**The Women's Auxiliary/Stockings  
P.O. BOX 36026 Dallas, Texas 75235**

**OR**

**Fax to Tina Trejo at 214-879-0706**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Please acknowledge gift**

**from:** \_\_\_\_\_

**to the following:**

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Attach additional sheets, if needed.**

For additional information, contact Malinda Pittman at  
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