

*Wallingford Wishing Well  
382 North Cherry Street Ext.  
Wallingford, CT 06492  
Phone (203) 294-0060  
Fax (203) 741-0499*

*Food Basket Request Form*

*\*\*\* Time sensitive \*\*\**

*Request for food baskets must be received one week prior  
to the holiday.*

**Requested By:**  
**Name of School:**  
**Phone, Email and/or Fax #:**

**Name of Child:**  
**Address:**  
**Phone #:**

**Mother/Father's Name:**  
**# of children in household:**

**Please include contact name, name of child, address and phone number.  
Requests will NOT be processed if contact information is not complete.**