



enhancing the quality of life of "working poor" and "distressed" families with our gifts and programs

## Referral Form

Father/Legal Guardian: \_\_\_\_\_ Mother/Legal Guardian: \_\_\_\_\_

B/day (Yr. optional) \_\_\_\_\_ B/day (Yr. optional): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Children's Names, Birthdays & Ages:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Describe any family disabilities or special needs:

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Statement of the family's financial circumstances:

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(If additional space is needed, please use the back of this form)

Statement of why the family deserves a gift from CML:

(Ex. their dedication to one another; sacrifices they make for one another, etc.)

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Referred by: \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

OK to notify family \_\_\_\_\_ Want to Surprise family \_\_\_\_\_  
during referral process

**TWO REFERENCES:**

Family Member: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Non-Family Member: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*(If you prefer to use a computer to type your statements, please attach the printed statement to the form.)*

*Thank you very much for your referral!*

Please mail Referral Form to:

Cherished Memories For A Lifetime  
CML REFERRALS  
P.O. Box 513  
Cedar Hill, TX 75106-0513