



Madison County
Office for the Aging, Inc.

Santa for Seniors

NOMINATION FORM

IMPORTANT: This nomination form must be completed in its entirety to be considered. Incomplete forms will not be accepted. Submission of a nomination does not guarantee acceptance into the Santa for Seniors Program.

RESPONSIBILITY NOTICE: The nominator is responsible for picking up all assigned gifts from Madison County Office for the Aging and delivering them to the nominated senior.

SENIOR INFORMATION:

Name: _____

Address: _____

Phone: _____ Age: _____

Live Alone? ☐ Yes ☐ No Gender: _____

Reason for Nomination (Required):

HOLIDAY WISHLIST:

Requested Gift Items (Please Be Specific):

1. _____
2. _____
3. _____
4. _____

Clothing Sizes:

Shirt: _____

Pants: _____

Coat: _____

Shoes: _____



NOMINATOR INFORMATION:

Name: _____

Phone #: _____

Email: _____

I understand that incomplete nomination forms will not be considered, acceptance into the Santa for Seniors program is not guaranteed, and I am responsible for picking up assigned gifts from Madison County Office for the Aging and am responsible for delivering all gifts to the nominated seniors.

Nominator Signature: _____ Date: _____

RETURN COMPLETED FORMS TO:

Madison County Office for the Aging Inc.

138 Dominic Bruno Blvd. Canastota, NY 13032

Phone: (315)697-5700 **Fax:** (315)697-5777

Bringing holiday cheer to Madison County Seniors

