



Gaston County  
**UNITED WAY**

# *Senior* *Christmas Wishes*



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## 2026 INSTRUCTIONS & INFORMATION:

1. **This program is for senior citizens aged 60 and older only who reside in Gaston County.**
2. One application per person.
3. The application must be filled out completely.
4. Please print legibly.
5. Make sure to include a good phone number and address on the application.
6. If you are completing the application for someone, please indicate your name and the applicant's name.
7. Applications must be submitted before requests are made.
8. **Applications will open September 8, 2026 and will close October 1, 2026,** or when 600 applications have been received. **Please email applications to [unitedway@unitedwaygaston.org](mailto:unitedway@unitedwaygaston.org) or mail to 200 E. Franklin Blvd. Gastonia, NC 28052.**
9. **Wish pickup dates will be December 8 and December 9.**

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## UNITED WAY CHRISTMAS WISHES WILL PROVIDE:

### **A WANT, A NEED, A READ**

All requests are filled through donations. Christmas Wishes does not offer costly electrical appliances, equipment or home repairs, televisions, etc. It is not possible to grant every wish exactly.

**\*Reminder: Application must be filled out completely and please print legibly.**



WISH # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Race: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

| WANT: Choose one item                                                                                                                                                                                                                                                                                                                                      | NEED: Choose one item                                                                                                                                                                                                                                                                                         | READ: Choose one item                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Comforter -<br>Select Size of Bed:<br><input type="radio"/> Twin<br><input type="radio"/> Full<br><input type="radio"/> Queen<br><input type="radio"/> King<br><input type="checkbox"/> Mini Vac<br><input type="checkbox"/> Small Heater<br><input type="checkbox"/> Electric Blanket<br><input type="checkbox"/> \$25 Gift Card | <input type="checkbox"/> Cleaning Supplies/<br>Toiletries<br><input type="checkbox"/> Cane<br><input type="checkbox"/> Tennis Shoes-<br>Size: _____<br><input type="checkbox"/> Slippers-<br>Size: _____<br><input type="checkbox"/> Diabetic Socks-<br>Size: _____<br><input type="checkbox"/> Blanket/Throw | <input type="checkbox"/> Paperback Novel<br><input type="checkbox"/> Puzzle Book<br><input type="checkbox"/> Word Search<br><input type="checkbox"/> Coloring Book |

\*If more than one item is checked in each category, the Gaston County United Way will choose the gift.

### ADULT INCONTINENCE ITEMS (such as: Depends)

If requesting adult incontinence items, please provide the preferred size below. Please check one size:

☐ Small
 ☐ Medium
 ☐ Large
 ☐ XL
 ☐ 2XL
 ☐ 3XL
 ☐ 4XL
 ☐ Other

Submit completed applications to: [unitedway@unitedwaygaston.org](mailto:unitedway@unitedwaygaston.org) or  
 United Way of Gaston County, 200 E. Franklin Blvd., Gastonia, NC 28052

### FOR OFFICE USE ONLY

Date application was received: \_\_\_\_\_

Wish completed by: \_\_\_\_\_

What's included in the bag: \_\_\_\_\_

Date postcard was sent: \_\_\_\_\_

Date wish was picked up: \_\_\_\_\_

Who picked up the wish: \_\_\_\_\_

☐ Postcard

☐ Email

☐ Phone call

☐ Message