

WALL COMMUNITY CENTER

2026 HOLIDAY TOY DRIVE

Family Assistance Application • Wall Township Residents

Dear Parents/Guardians,

If your family needs assistance with holiday gifts this season, please complete this application. We will do our best to match each child with age-appropriate donated gifts. This is a wish list; specific gifts are not guaranteed, and high-end electronics will not be distributed.

How to submit your application

Deadline: Monday, November 23, 2026

Complete both pages and include every child in your household, from infants through 12th grade. Submit your completed form by one of these methods:

1. In person at Wall Community Center, 1824 South M Street, Wall, NJ 07719.
2. Through your child's school.
3. By Google Form, if a link is provided by Wall Community Services.

<https://forms.gle/6XWS8CgZ1JbnE9aG9>

Toy pick-up

Friday, December 18, 2026 and Monday, December 21st | 10:00 AM – 4:00 PM

Gifts must be picked up by December 21st.

Wall Community Center • 1824 South M Street • Wall, NJ 07719

You may be contacted with an earlier pick-up date. Wall Township residency is required; bring proof of residency (such as a driver's license or utility bill) when picking up gifts.

Questions?

Lindsay Santana | 732-681-1375 | lsantana@wallnj.gov

Parent / Guardian Information

Full name: _____

Street address: _____

City: _____ ZIP code: _____

Phone: _____ Email: _____

Number of children requesting assistance: _____

Acknowledgment

I confirm that my household resides in Wall Township and the information provided is accurate. I understand gifts depend on available donations and specific requests cannot be guaranteed.

Parent/guardian signature: _____ Date: _____

Proud Sponsor:



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Children's Wish Lists • Include all children from infants through 12th grade

Please list favorite toys, characters, hobbies, sports, activities, or other age-appropriate gift ideas. Clothing sizes are optional. If you have more than four children, attach an additional sheet with the same information.

CHILD 1

Name: _____ Age: _____ Grade: _____

School (or infant / not enrolled): _____

Favorite toys, hobbies, characters, activities or gift ideas:

Optional clothing sizes: Shirt _____ Pants _____ Shoes _____

CHILD 2

Name: _____ Age: _____ Grade: _____

School (or infant / not enrolled): _____

Favorite toys, hobbies, characters, activities or gift ideas:

Optional clothing sizes: Shirt _____ Pants _____ Shoes _____

CHILD 3

Name: _____ Age: _____ Grade: _____

School (or infant / not enrolled): _____

Favorite toys, hobbies, characters, activities or gift ideas:

Optional clothing sizes: Shirt _____ Pants _____ Shoes _____

CHILD 4

Name: _____ Age: _____ Grade: _____

School (or infant / not enrolled): _____

Favorite toys, hobbies, characters, activities or gift ideas:

Optional clothing sizes: Shirt _____ Pants _____ Shoes _____

STAFF USE ONLY

Date received: _____ Residency verified: ☐ Yes ☐ No

Pick-up date: _____ Picked up: ☐ Yes ☐ No