



**MAYOR PETTA'S W.I.S.H. PROGRAM**  
**[WILMER'S INITIATIVE TO SPREAD HOPE]**

*“Serving our community is a top priority through the “Wilmer’s Initiative to Spread Hope” program and we are able to bring cheer to our families this holiday season,”* said Sheila Petta, Mayor.

The City of Wilmer will begin accepting applications **Monday, November 8, 2021 through Friday, December 17th, 2021.**

The below procedures should be followed by families in order to apply for the Mayor’s WISH List.

- a) The City of Wilmer will accept family applications at City Hall at the Utility Billing window located at 128 N Dallas Ave, Wilmer, Texas.
- b) All parents or legal guardians that submit an application, will be required to provide Proof of Residency.
- c) Fill out the application with your child’s top three wishes, under \$25.00.
- d) Please **DO NOT** request support through our program if you have, or will, request(ed) support from another organization. This allows us to provide toys to as many children throughout our community.
- e) **The gift(s) distribution date will be Wednesday, December 22, 2021.**





**City of Wilmer**  
*Serving Our Community*

**MAYOR'S W.I.S.H. PROGRAM**  
**WILMER'S INITIATIVE TO SPREAD HOPE**

Date of Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Children    \_\_\_Parent    \_\_\_Custodial Guardian    \_\_\_Legal Guardian

Alternate Contact Name: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to the following terms:

- *Gifts donated by the City of Wilmer will not be auctioned, sold, or otherwise turned over for monetary donations.*
- *Gifts donated by the City of Wilmer will not be taken out of state for distribution.*
- *I understand any violation of the above agreement will result in disqualification from future donations.*
- *I understand I will need to provide proof of residence on this application.*

**NAME AND AGES OF CHILDREN (FIRST AND LAST NAME MUST BE UNDER THE AGE OF 12 YEARS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_ M    F

Wish Number 1	
Wish Number 2	
Wish Number 3	

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_ M    F

Wish Number 1	
Wish Number 2	
Wish Number 3	

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_ M    F

Wish Number 1	
Wish Number 2	
Wish Number 3	

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_ M \_\_\_ F

Wish Number 1	
Wish Number 2	
Wish Number 3	

**DO NOT FILL OUT THIS FORM IF YOU ARE REQUESTING OR RECEIVING ASSISTANCE FROM OTHER PROGRAMS.**

Generous donors are working very hard to make sure every child receives their wish for Christmas.



**\*Office Use Only\***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Address verified: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_