



*Los Ojos De La Familia*  
Holiday Gift Basket  
Referral/Nomination Form

Name of Nominee/Family: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nominated by: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide a short narrative about the nominee(s) and why you feel they are in need of this Holiday Gift Basket or any additional information that you feel would be helpful.

---

---

---

---

---

---

---

---

---

---

**If the family has children please include number of children, age and gender:**

---

---

Please return this form to Los Ojos De La Familia by using one of the following three options:

**Mail: 7916 Ranchitos Loop NE, Albuquerque, NM 87113**

**Email: [assistance@losojosdelafamilia.org](mailto:assistance@losojosdelafamilia.org)**

**Fax: (505) 792-2399**

For any questions or concerns please call our office at (505) 362-6073