



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

Fax: (505) 792-2399

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