Dear Parents of CUSD#16,

Hello, we hope everyone has had a wonderful year to date. The Pretzel Angel Tree is offering help to you and your family through the holiday season. We serve the Community Unit District #16 children not only during the holidays but throughout the year.

We ask that you complete the attached form in <u>great detail</u>. The information we ask for is the child's age, name, shirt and pant size, the child's favorite color and your child's interests. This year, the Angel Tree will purchase a coat, a pair of shoes and underwear.

Your information is NEVER shared with the public. Rather, our committee members assign your family a letter and number. We put the wish list items on a tag and place it on a tree at New Berlin Elementary School the week before Thanksgiving. The public can then pick the tag and buy gifts for that child.

Once again, the members of the Island Grove United Methodist Church will be providing food boxes! Please list the number of kids and adults in your family on the form provided.

This form is due back to Angie Marr by <u>October 24, 2025.</u> You may either scan the form to <u>amarr@pretzelpride.com</u> OR drop it off at the New Berlin Elementary office. If we do not have your form back by the due date, your child/children will not be included on the tree. We cannot stress how important it is to get this form back to us by October 24th.

Gift pick up will be on <u>December 18th</u> at 600 W Birch Street, New Berlin, IL. Pick up will be from 5:00PM-7:00PM.

If you have questions or concerns you may call Kacie Wyatt at 217-691-9088, Angie Marr at 217-488-6054 or amarr@pretzelpride.com.

Thank you,

Pretzel Angel Tree Committee



Pretzel Angel Tree Participation Form 2025

Please complete the form in great detail and legibly. Your information is NEVER shared with the public. Your family will be assigned a letter and number as an identifier. Please turn in the form by October 24th to Angie Marr. You may email at amarr@pretzelpride.com OR drop it off at the New Berlin Elementary Office.

Parent/Guardian Name: ______

	Address:					
	Phone Number:					
	Number of Children in the Family: Number of Adults in t					s in the Family:
NAME		AGE	MALE OR FEMALE	COAT SIZE	SHOE SIZE	Shirt and Pant Size Items/Interests/Favorite Color