



# Help A Little One Foundation - Request a Gift

Please print and mail this request form to:

**H.A.L.O Foundation**  
1330 Boylston Street  
Chestnut Hill, MA 02467

Date of Completion: \_\_\_\_\_

## Recipient Information:

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

Full Address (Street, City, State): \_\_\_\_\_

Description/severity of neurological impairment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please submit details from the child's medical providers)

Gift requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please describe the request in detail, including, store names, size/dimensions, and cost. You may include additional pages, and copies of advertisements or catalogues)

## Requester Information:

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

Relationship to intended recipient: \_\_\_\_\_

Full Address (Street, City, State): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_\_

Name/address of any matching funder(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Help A Little One (H.A.L.O.) Foundation will consider requests from nursing homes, families, guardians, professionals and community and social service agencies. Recently approved requests include: Adaptive tricycles, wheelchair lifts, computer equipment, transportation for special excursions, enrichment programs, support for community events, nursing home outings, technology for individual growth and/or communication and/or management of an individual's disability, and support services to families caring for a child with neurological impairment at home. H.A.L.O. does not fund building maintenance, hospital equipment or medical treatment, or other expenses covered by insurance and public health, welfare and social service agencies. Address any questions to [info@halo.org](mailto:info@halo.org)