



Sickle Cell Disease Association of Illinois

8100 S. Western Avenue Chicago, IL 60620

Phone: 773-526-5016 Fax: 773-526-5012

www.sicklecelldisease-illinois.org

November 24, 2009

Dear Parents/Guardians,

Happy Holidays!

It's that time again for the **Sickle Cell Disease Association of Illinois (SCDAI's) Annual Christmas gift giving** for children with sickle cell disease. Here's what we're doing and what we need from you:

- Parents of children with sickle cell disease ages 0-12 years are invited to come and receive a Christmas gift at the SCDAI office located at 8100 S. Western Avenue, on **Saturday, December 19, 2009** from **11:00 a.m. - 4:00 p.m.**
- A parent or guardian **Must Be Present** on December 19, 2009 and plan to spend a minimum of 1½ hours at SCDAI.

If you want your child to participate, please complete the attached form and return it in the enclosed self-addressed envelope to the SCDAI office by Friday, **December 11, 2009**.

Please mark the time you would like to pick-up your child's gift on this copy and on the attached form. (Attached form must be returned to SCDAI)

_____ **11:00 a.m. -12:30 p.m.** _____ **12:30 p.m. -2:00 p.m.** _____ **2:30 p.m. - 4:00 p.m.**

We look forward to seeing you on December 19th. Refreshments will be provided.

Sincerely,

Iraetta A. Lacey

Iraetta Lacey
Interim Executive Director



**Print all information and return form(s) for each child with Sickle Cell Disease
in self-addressed envelope**



1ST CHILD

CHILDS Name is _____

CHILDS birthday is _____ I am a boy girl and I have sickle cell disease: type _____
Month/Date/Year

My mom's or dad's name is _____
First Name Last Name

My address is _____
Street Apt. City State Zip Code

My phone number is () _____

Mom or Dad would like to pick up my gift(s) at 11:00am 12:30pm 2:30 pm

PARENT: Please Print Child's First/Last Name

PARENT: Please print a phone number with area code
Where you can be reached between 9:00 am-5:00pm

PARENT: Please print your First/Last Name

Note: "PARENTS PLEASE BE ON TIME" If you are more than 15 Minutes late, you will have be pushed to the
next time slot.--Space for each time slot is limited.

Thank You

2ND CHILD

CHILDS Name is _____

CHILDS birthday is _____ I am a boy girl and I have sickle cell disease: type _____
Month/Date/Year

My mom's or dad's name is _____
First Name Last Name

My address is _____
Street Apt. City State Zip Code

My phone number is () _____

Mom or Dad would like to pick up my gift(s) at 11:00am 12:30pm 2:30 pm

PARENT: Please Print Child's First/Last Name

PARENT: Please print a phone number with area code
Where you can be reached between 9:00 am-5:00pm

PARENT: Please print your First/Last Name

Note: "PARENTS PLEASE BE ON TIME" If you are more than 15 Minutes late, you will have be pushed to the
next time slot.--Space for each time slot is limited.

Thank You