

FAMILY WISHLIST

Family name: _____

Contact info: _____

<u>Household Support</u>	<u>Hospital Support</u>	<u>Family & Personal Support</u>	<u>Financial Support</u>
<input type="checkbox"/> Make us a meal <input type="checkbox"/> Shovel our driveway <input type="checkbox"/> Water our garden <input type="checkbox"/> Vacuum our house <input type="checkbox"/> Walk our dog <input type="checkbox"/> Cut our grass <input type="checkbox"/> Plant some flowers <input type="checkbox"/> Put out our garbage/take in the bins <input type="checkbox"/> Make sure our fridge is stocked and ready for us when we come home from in-patient treatment <input type="checkbox"/> Do a load of laundry <input type="checkbox"/> Rake our leaves <input type="checkbox"/> Help clean our house <input type="checkbox"/> Do our weekly groceries using a standard list we provide <input type="checkbox"/> Iron my working partner's work clothes	<input type="checkbox"/> Send letters to my child while in hospital with silly things or pictures to make them smile; send a letter to their siblings as well so they know that they are not forgotten <input type="checkbox"/> Offer us a ride to the hospital <input type="checkbox"/> Create an activity pack to entertain us in the hospital (ideas: crayons, sticker/activity books, magazines, card games, travel board games, colouring books, craft kits, cool hats, books, portable DVD player & movies, a journal) <input type="checkbox"/> Create an emergency hospital readiness kit for all those middle of the night fevers that send us racing to the hospital (ideas: snack foods, drinks, movies, colouring books, crayons, pencils, books, pillows, tissues, travel toiletries, towels, etc.)	<input type="checkbox"/> Take me out for a coffee or a drink <input type="checkbox"/> Watch the kids so I can get out for a while...or just rest and get some sleep! <input type="checkbox"/> Take my child's siblings to outings and activities <input type="checkbox"/> Bring a gift to my child, as well as something for their siblings <input type="checkbox"/> Continue to follow up with us even after the initial diagnosis period – treatment can be very long sometimes <input type="checkbox"/> Place my child on a prayer list at your local church; keep us in your prayers <input type="checkbox"/> Call me on the phone to chat <input type="checkbox"/> Use the CaringBridge.org website to stay connected with our family and see our updates	<input type="checkbox"/> Donate a gift card (for gas, eating out, prepaid cell phone, maid service, salon or spa cards for mom, etc.) <input type="checkbox"/> Pay a bill <input type="checkbox"/> Host a fundraiser for us

Other suggestions:
