SPONSOR FORM

Group Name: _____

Phone: _____ Fax: _____

Address: _____

Primary Contact: _____ Contact Number: _____

Email: _____

Do you or any one with your group speak Spanish? ☐ No ☐ Yes Who: _____ #_____

Of Families: _____ Notes:_____

Some families welcome the gifts being directly delivered to them, while others prefer to keep their identity confidential and want to pick-up the items from DVS offices. Do you:

☐ prefer to deliver directly to client. ☐ prefer NOT to deliver directly to client. ☐ no preference

Do you want to do a tree for the family? ☐ No ☐ Yes Dinner? ☐ No ☐ Yes

Do you have a specific date you intend to deliver the gifts: ☐ No ☐ Yes Date: _____

Once your form is received you will be matched with the first available family. We will then send you the information on the family, including ages and genders of children, gift suggestions and other needs.

Names of Family Sponsored:_____

FOR INTERNAL USE:

Contacts: **Notes:** _____

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