## **SPONSOR FORM**

	·
Phone:	Fax:
Address:	
	ct: Contact Number:
Email:	
	with your group speak Spanish?   No Yes Who:#
Of Families:	Notes:
	me the gifts being directly delivered to them, while others prefer to keep their identity confidential he items from DVS offices. Do you:
□ prefer to delive	er directly to client. $\square$ prefer NOT to deliver directly to client. $\square$ no preference
o vou want to do a t	was for the femily? The The Dimens? The The
o you want to do a t	ree for the family? ☐ No ☐ Yes Dinner? ☐ No ☐ Yes
o you have a specifing	c date you intend to deliver the gifts:   No Yes Date:  reived you will be matched with the first available family. We will then send you the information
o you have a specification of your form is receive family, including ames of Family Sp	ceived you will be matched with the first available family. We will then send you the information ages and genders of children, gift suggestions and other needs.  onsored:
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