

**CHRISTMAS SPONSORS**

**Date of request for information:** \_\_\_\_\_

**Name of Group/Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Description of Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**People they wish to serve:**

**Children only:** \_\_\_\_\_

**Families with children:** \_\_\_\_\_

**Adult household:** \_\_\_\_\_

**What they wish to provide:**

**Food:** \_\_\_\_\_

**Toys/Gifts:** \_\_\_\_\_

**Clothing:** \_\_\_\_\_

**Combination of above:** \_\_\_\_\_

**Number of people they wish to serve:** \_\_\_\_\_

**Delivery:**

**Take to people's homes:** \_\_\_\_\_

**Bring to NDSS:** \_\_\_\_\_

**If they deliver, area of the county where they will deliver:** \_\_\_\_\_  
\_\_\_\_\_

**Any other requests:** \_\_\_\_\_

**When do they need specific information:** \_\_\_\_\_

**When will they have items ready:** \_\_\_\_\_

**Date NDSS provided information to sponsor:** \_\_\_\_\_

**After-Christmas acknowledgment mailed on:** \_\_\_\_\_