

Christmas Index Program Sponsor Registry Form

Contact Name: _____ Telephone Number: _____

Name of Organization (if applicable): _____ Email Address: _____

Mailing Address: _____ Fax: _____

Please select your preferred method of contact: phone email fax



How Would You Like to Help?

(Please indicate with a check mark)



By Sponsoring:

_____ Full Christmas Basket

How many families would you like to sponsor? _____

Sponsorship includes a Christmas Food Basket and Christmas Toys/Gifts for the family's children. You will receive a description of the family and a "Food Basket Checklist" to help with your shopping. Upon receipt of this information, you will need to contact the family to let them know they are being sponsored and to individualize gifts, etc., and, also to arrange for delivery.

_____ Christmas Food Basket

How many would you like to sponsor? Individuals Couples

You will receive a description of the individual/couple and a "Food Basket Checklist" to help with your shopping. Upon receipt of this information, you will need to contact the individuals/couples to let them know they are being sponsored and also to arrange for delivery.

By Donating:

_____ Toys and Gifts

These donations can be dropped off at our drop-off centres around Truro. Please specify type of donation here: _____

_____ Financially

Financial donations of any amount are always greatly appreciated. The average cost of a Full Christmas Basket is \$250. Cheques should be made payable to Cobequid Children First Foundation.

Official receipt needed? Yes No

Thank You for Your Support!



COBEQUID CHILDREN FIRST FOUNDATION

Please forward any questions to our dedicated Sponsor's use only contact information:

email: christmasindex@bellaliant.com

Phone: 902-843-3584

Date Rec'd: _____ Sponsor #: _____ For Office Use Only # Families requested: _____ # Families assigned: _____

Family information provided to Sponsor: Date _____ Method phone email fax Follow-up Contact made: Date _____