SPONSOR A FAMILY REQUEST FORM

PLEASE COMPLETE TOP PORTION ONLY



Once matched with your family, the **FAMILY PROFILE** portion will be filled out And faxed or mailed back to you. Please contact our office with any questions.

CONTACT PERSON Mr. Mrs. Ms.		M/Y	
Last Name:	First Name:		
Organization:			
Address:			
City:	Province:	_ Postal Code:	
Phone #: ()	Local:		
Alternate #: (Local:		
Fax #: (Email:		
INDICATE SIZE OF FAMILY (IES) Y	OF FAMILIES SIZE OF FAI	MILY (IES)tact Obsession Rikes at 604	
FOR OFFICE USE ONLY	FAMILY PROFILE		ATE MATCHED
APPLICANT			Day Month Ital
	ESTIONS & CLOTHING SIZES		
CHILDREN'S AGE M F GIFT SUGG	ESTIONS & CLOTHING SIZES		
GROCERY STORE GIFT CARD SUGGEST	IONS:		
TOTAL VALUE OF GROCERY STORE GI	TT CARDS:		
DELIVERY INSTRUCTIONS			
CHRISTMAS HAMPER EXCHAN	GE HOME DELIVERY	(Please contact family prior to D	December 17, 2010)
PLEASE INDICATE CLIENT'S ADDRESS I	OR HOME DELIVERY		
APT# ADDRESS (please print)			

FAMILY REGISTRATION #

10-