

CHRISTMAS SPONSOR

Name of sponsor **organization** _____ and

Organization contact person: _____



OR



Name of **individual** sponsor _____

***Phone: _____

Fax: _____

Email address: _____

Mailing address of Sponsor _____

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How many kids do you want to sponsor? _____

Girls? _____ Age? _____

Boys? _____ Age? _____ (we will try

our best to match you up with who you want)

Referral names will get to you by 11/20/2017

Please deliver presents to TOTAL Ministries by Thursday, December 12th.

Wrapping is up to you, but please put each child's present in one big bag with his/her name on the outside.

TOTAL'S OPERATING HOURS ARE MONDAY THROUGH THURSDAY FROM 9 AM UNTIL NOON. PLEASE CALL TRACI AT (864)706-7176 OR EMAIL AT director@totalministries.org IF YOU NEED TO DELIVER AT DIFFERENT TIMES. We have moved to a new location. Our address is 976 S. Pine Street. Thanks!

TOTAL MINISTRIES Office use only:

Date referral sent to sponsor _____ by method

ID Number of child referred:

Date sponsor to deliver to TOTAL _____

OR

RECEIVED? _____

DATE THANK YOU SENT OR GIVEN _____