



Interfaith Social Services
"Help for the Holidays"
SPONSOR REGISTRATION FORM

Name: _____

Organization (If applicable) _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Please write as clearly as possible. We will email you the information about the child/children that you have been assigned.

Number of children you wish to sponsor: _____

Suggested spending limit is \$50 - \$75 per child

Please tell us more about your involvement by selecting one of the following:

I am an individual Sponsor

By selecting this box you assume personal responsibility for fulfilling each of the assignments given to you per your request.

I am organizing a toy drive

I am organizing a "giving tree" at my church or office:

Selecting this box indicates that you are organizing an effort to obtain toys, clothing or other gifts to be donated to Interfaith Social Services on behalf of a church, entity or organization.

I am unable to purchase gifts; however please accept this donation to be used for the Help for Holidays program. Donation amount \$ _____

Check enclosed, payable to Interfaith Social Services

Please charge my: __ VISA __ MC __ AMEX __ Discover

Name on card: _____

Card number: _____

CSC code: _____ exp. date: _____

Signature: _____

Please mail, email or fax this form to:

Eileen Kelly

Interfaith Social Services

105 Adams St.

Quincy MA 02169

EKelly@InterfaithSocialServices.org

Fax: 617-472-4987

All gifts must be delivered to Interfaith Social Services' offices by Thursday December 14, 2017

Please note: Sponsors are assigned to client families on a first come, first serve basis. Once we have made your assignment, we will email you with the details of your client family along with further instructions. If you do not hear from us by December 8th, please call us to check on the status of your registration.