



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

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**All gifts must be delivered to Interfaith Social Services' offices by Friday December 14, 2018**

**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 Dec. 7, please call us to check on the status of your registration.