



HOLIDAY CARING PROGRAM

DONOR FORM

Name of individual or organization _____

Name of contact person of organization _____

Address _____

Phone _____

Email _____

Information will be emailed unless otherwise indicated

I would like to be a sponsor!

Number of **Families** _____

Thanksgiving Food

Christmas Gifts

Food

Size of family requested:

Small (1 child) Medium (2-3 children) Large (4+ children)

*I am unable to sponsor a family but
will participate with a cash
contribution of*

\$ _____

*to help support SPAN's year-round
programs*

Special requests _____

Did you participate in the program last year? Yes No



This form is to be completed by individuals and/or organizations wishing to participate in the Holiday Caring Program. Monetary donations should be payable to "SPAN, Inc"

Send to: **SPAN, Inc**
400 Benfield Road
Severna Park, Maryland 21146
Attn: Holiday Caring Program

Phone: 410-647-0889 Fax: 410-647-7724

Email: spanhelps@yahoo.com/Website: spanhelps.org