



## **HOLIDAY CARING PROGRAM 2017**

### **SPONSOR 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