

A CHRISTMAS GIFT OF HOPE

A Special Project of HOPE Center of Edmond

SPONSOR APPLICATION FORM

Date _____

Name of Church group, Business, School or Individual _____

Office Use Only
Sponsor # _____
Client # _____
Name _____
Date Matched _____

() Individual/Family () Business () School Group () Church Group () Other

Contact Person _____

Daytime Phone _____ Cell _____ Evening Phone _____

Mailing Address _____
Street City Zip

E-mail Address _____

How many families do you wish to adopt? _____ Family size _____

Is there a deadline for receiving your family's information? NO/YES _____
date

Please note any special requests:

Every effort will be made to meet requests, but we cannot guarantee an exact match.

Will you be able to deliver gifts to the client's home? YES / NO
(circle)

Please list all children involved in the sponsorship or delivery of gifts. For privacy reasons, we will not match your family/group with clients who have children in the same school as the children listed below.

CHILD'S NAME SEX AGE/GRADE SCHOOL

