

Gifts from the Heart Program Sponsorship Form

Due Date: _____

Sponsor Contact Information

Organization/Sponsor Name: _____
Principal Contact Name: _____ Phone #: _____
E-mail Address: _____
Mailing Address: _____
City: _____ Zip Code: _____
Alternate Contact Name: _____ Phone #: _____
E-mail Address: _____

Gift Sponsorship Information

Numbers of Clients we wish to sponsor: We wish to donate (check all that apply):
 Children and Teens Unwrapped Toys and Gifts
 Seniors (55 +) Gift Cards/Monetary Contribution
 Disabled/Dependent Adults (18 - 54 years old)

Send Names and Wish Lists by: E-Mail Mail Fax

Preferred Method of Gifts Collection:

We will deliver gifts to the warehouse (location will be provided at a later date)
 GFTH to pick up gifts
Pick up location (if address is different from above): _____

Acknowledgement Contact

Send Donation Acknowledgement Letter to:

- The principal contact listed above
 Another person's attention:

Name: _____ Title: _____
Address (if different from above): _____

Comments: _____



Sacramento County Department of Child, Family and Adult Services
Volunteer & Student Intern Services
9750 Business Park Drive, Sacramento, CA 95827
(916) 875-2027 FAX: (916) 875-1283
E-mail: EdelmanT@saccountv.net

For GFTH Use Only:

Database Update	Bags and Tags	Tracking Form	Copies for: Mapping, CP File, Bag Delivery
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