



DB DATE: \_\_\_\_\_

## Family Holiday Wish Program Sponsorship Application

<https://docs.google.com/forms/d/18fDktITE0FmXu-Hd5MLGHpGVS1c5aLv5E8lvvd3mj1Y/edit>

OR

Please print legibly and complete all information

Name of Company/Group/Individual/Family:

Address:	City:	State:	Zip:
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Contact #1 Name:	Daytime Phone #:	Cell Phone #:
E-mail Address:	Evening Phone #:	Fax #:

Contact #2 Name:	Daytime Phone #:	Cell Phone #:
E-mail Address:	Evening Phone #:	Fax #:

Number of families you wish to adopt? \_\_\_\_\_ Number of members per family? \_\_\_\_\_

**PLEASE MAKE SURE THAT YOU ARE ABLE TO DELIVER GIFTS ON DESIGNATED DATE AND TIME, PRIOR TO SUBMITTING THIS APPLICATION.**

**Gift Delivery Dates:**

- Friday, December 4th through the 11th, from 9:00 AM to 6:00 PM each day, including Saturday and Sunday December 5 & 6

**Gift Delivery Location:**

- North Fairmount Community Center, 1769 Carll Street, Cincinnati, OH 45225

**\*ALL GIFTS MUST BE NEW, WRAPPED AND LABELED WITH RECIPIENTS NAME\*.**

PLEASE CONSIDER PROVIDING NON-PERISHABLE FOOD ITEMS OR FOOD GIFT CARDS FOR YOUR ADOPTED FAMILY/TEEN FOR THEIR HOLIDAY MEAL.  
*Thank you!*

Email application to: [info@bhsinc.org](mailto:info@bhsinc.org)

**\*\*PLEASE RETURN THIS FORM BY 12/1/20 TO BE CONSIDERED FOR SPONSORSHIP\*\***