



DB DATE: _____

Family Holiday Wish Program Sponsorship Application

<https://forms.gle/Fnu1N6K4kC1r5Vnf6>

OR

Please print legibly and complete all information

Name of Company/Group/Individual/Family:
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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:

- Bethany House – Bond Hill Location 1591 Joseph Street, Cincinnati, OH 45237.

***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

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