## Town of Avon, Department of Social Services

## Winter Holiday Gift Basket Program <u>Sponsor Form</u>

(This Form is in fill-able format in Word, for your convenience!)

Thank you for your continued support of our Holiday Basket Program!

If you are interested in sponsoring an Avon Family, please fill in the information requested below.

Please include what item(s) you are donating.

Return this form to: <u>salexe@town.avon.ct.us</u> OR fax: 860.677.2847 or to Dept. of Social Services, 60 West Main Street, Avon, CT 06001

|   | NAME/  |  |
|---|--|--|
|   | Organization   |  |
|   | PHONE #(s)   |  |
|   | ADDRESS  |  |
|   | E-MAIL   |  |
| Please place an "X" next to your choice : |  |  |
|   | ☐ Children: How many? (* Avon DSS will contact you with assigned child information*) |  |
|   | □ Merchandise - Gift Cards   |  |
|   | □ Complete Holiday Meal Food Basket  |  |
|   | □ Food - Gift Cards  |  |
|   | □ Food Items: □ Perishable? □ Non-Perishable?  |  |
| Special Requests/Comments:                |  |  |

<u>Grocery/merchandise gift cards</u> (with receipt of purchase) are welcomed!

Donations are tax deductable!