

**GIVE A
GIFT THAT
COUNTS**



HOLIDAY SPONSOR FORM

SAFE Homes-Rape Crisis Coalition invites you to give a special gift this year to that "person who has everything" by making a cash contribution as a holiday gift in honor of friends and/or family members. Cards acknowledging your gift will be sent to your loved one! Make this a truly joyous and peaceful time in the lives of others.

____ I would like to make a contribution as a holiday gift in honor of:

Donor Name & Address:

The Holiday Season is a special and exciting time. However, for battered women, their dependent children, and victims of sexual assault it can be a source of great pain. If you are interested in providing Christmas to a woman, child, or family affected by domestic/sexual violence, please fill out this holiday sponsor form.

Individual Name/Company Name/Organization Name: _____

Contact Person if Company/Organization: _____

Address (for tax receipt): _____

City: _____ State: _____ Zip: _____

Telephone (H): _____ (W): _____

Cell: _____ Email: _____

Fax #: _____ Best Time & # to call during the day: _____

Please indicate the number of individuals you (or your group) would like to sponsor

_____ Woman (en) _____ Child (ren) _____ *Family

If you prefer a certain age range for a child, please indicate age: _____

**Please indicate the maximum number of family members within one family you would be willing to sponsor _____*

Please check one of the following:

___ You (or your organization) will make arrangements to deliver the gifts to the SAFE Homes-Rape Crisis office no later than Wednesday, December 14, 2011.

___ You (or your organization) will need for a SAFE Homes-Rape Crisis Coalition representative to arrange for pick-up of gifts.



Would you (or your organization) be willing to provide food at Thanksgiving for a family?

YES / NO (please circle one)

For more information, contact Karen Martin-Wilkins @ 864.583.9803.

KMW Received Copy _____



Once Christmas Sponsor assignments have been made, our Christmas Coordinator will mail, email, and/or fax further detailed information about the individual(s) sponsored. If you would like more information, please contact Jennifer O'Shields @ 864.583.9803 or 1.800.273.5066 or @ jennifer.oshields@shrcc.org.

***Return Form To: Jennifer O'Shields @ SAFE Homes-Rape Crisis Coalition
236 Union Street ~ Spartanburg, SC 29302 or Fax to 864.583.9611***

OFFICE USE ONLY: Date Wish List Mailed To Sponsor: _____ Date Wish List Faxed To Sponsor: _____
Clients Sponsored : _____ Children's Sponsor # (if different from above): S _____ C _____
Parent's Sponsor # (if different from above): S _____ C _____