

Gifts That
Give Back,
Helping Those
In Need

Celebrate the
Holidays by
Helping Others!

2016 CHRISTMAS SPONSORSHIP FORM

Our Christmas Gift Store is available to our shelter residents as well as those clients we have served within the past year. Each client must fill out an application and once approved will be able to shop and wrap gifts they choose for their children. These parents will be required to invest \$5 per child or \$20 per family. Those parents who cannot afford to pay the required amount will be given a voucher to shop for gifts. We are asking our sponsors to purchase new items for children ages 0-18, adult women, and/or household supplies. This gift store has allowed our clients the opportunity to be involved in the gift selection process for their children, as well as, provided them with the knowledge that they are not alone. Our little ones also have the opportunity to shop for their mothers in a separate gift store. In 2015, SAFE Homes-Rape Crisis Coalition was able to provide gifts to **131 adults and children** that have been impacted by violence. The sponsors who made this effort possible all came from our local community. We appreciate all that you did to make this program possible and look forward to working with **YOU** again this year.

Individual Name/Company Name/Organization Name: _____

Contact Person if Company/Organization: _____

Address (for tax receipt): _____

City: _____ State: _____ Zip: _____

Telephone (H): _____ (W): _____

Cell: _____ Email: _____

After we have received your sponsor form, we will mail or email you further sponsorship instructions/gift suggestions

____ I would like to purchase holiday gifts for ___ infant, ___ child, ___ tween, ___ teen, ___ adult
____ I would like to make a contribution as a holiday gift in honor of:

Honoree Name & Address: _____

(We will send each donor a card notifying them that you have made a donation in their honor.)

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 Friday, December 9, 2016.**

____ **You (or your organization) will need for a SAFE Homes-Rape Crisis Coalition representative to arrange for pick-up of gifts. (Please inform us when gifts are ready)**

Please Note: Our Offices will be closed December 23 & 26 in observance of the Christmas Holiday.

If you would like more information, please contact Karen Martin-Wilkins
or Jennifer O'Shields @ 864.583.9803 or 1.800.273.5066
karen.martinwilkins@shrcc.org or jennifer.oshields@shrcc.org

***Return Form To: Karen Martin-Wilkins @ SAFE Homes-Rape Crisis Coalition
236 Union Street ~ Spartanburg, SC 29302 or Fax to 864.583.9611***

OFFICE USE ONLY: Date Wish List Mailed/Emailed To Sponsor: _____
Date Wish List Faxed To Sponsor: _____
Date gifts dropped off/picked up: _____