

**COMMUNITY CHRISTIAN SERVICE AGENCY
CHRISTMAS PROGRAMS 2019**

Number _____
(To be assigned by CCSA)

CCSA CHRISTMAS BASKET PROGRAM 2019

Sponsors will receive an assigned family as soon as this form is received at CCSA

SPONSOR NAME (Individual or Group)

Contact Person _____

Phone: () _____

Address _____ City _____ Zip _____

EMAIL: _____

SPONSOR COMMITMENT:

_____ 1-4 HOUSEHOLD MEMBERS = one basket

_____ 5-8 HOUSEHOLD MEMBERS = two baskets

PLEASE remember ONE \$35 gift card per household is requested.

CCSA CHRISTMAS FOR THE HOMELESS PROGRAM 2019

SPONSOR NAME (Individual or Group)

Contact Person _____

Phone: () _____

Address _____ City _____ Zip _____

EMAIL: _____

SPONSOR COMMITMENT:

I will donate Homeless gift bag items to fill #____ Gift Bags

I will donate #____ \$10.00 Gift Cards

EXTRA CHRISTMAS BASKETS PROGRAM 2019

I will donate #____ extra Christmas food baskets.