



190-7000 Minoru Blvd. Richmond, BC V6Y 3Z5 Ph: 604-279-7035 Fax 604-279-7038

Email: christmasfund@volunteerrichmond.ca

Direct Family Sponsorship Form

We, the undersigned, respect and protect personal information and adhere to all legislative requirements with respect to privacy. The Richmond Christmas Fund applicants' personal information will be used for the sole purpose of creating and delivering Family Christmas Food/Gifts this year. Any personal information given to us will be shredded after completion of this activity.

Signature: _____ **Date:** _____

Name of Organization/Group/ Family	
Mailing Address: (including postal code)	
Contact #1 (Name)	Day time Phone:
Cell Phone:	Fax:
Email:	
Contact #2 (Name)	Day time Phone:
Cell Phone:	Fax:
Email:	

We have a budget of \$ _____ **Number of people we want to sponsor** _____
 minimum of \$100 for each person for food and gifts

We prefer to sponsor:

- Single-parent family
 Two-parent family
 Single Person
 Adult(s)
 Doesn't matter
 Other: _____

Other requests/ Comments: (ages of children to sponsor? Teens?)
