



Christmas Hampers Sponsor Form



Sponsor's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone No: _____ Fax: _____

Contact Person: _____

Email: _____

Choice of Family Size:

Single Person Family (1-2 Children) Family (3-4 Children) Family (5+)

Do you want a Tax Receipt? Yes No

The tax receipt should be made out to : same as above or,

Full Name: _____

Address: _____

City: _____ Postal Code: _____

Please scan or take a picture of your purchase receipts and email to debbie.perkes@options.bc.ca

Charitable Registration #811786227 RR0001

OFFICE USE ONLY

Referring Worker: _____

Program: _____

Phone No: _____ Email: _____

Family Sponsored:

- Please email completed applications to debbie.perkes@options.bc.ca.
- Referring Worker will be in contact with you regarding any additional family information required and/or arranging delivery between Dec 10th and 21st.
- You may also contact the worker if you have any questions regarding the family you have sponsored.