

Prince Georges' County Department of Social Services Holiday Sharing Donation & Adoption Form

Please Select a Type

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Community Group | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Family | <input type="checkbox"/> Government | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> School | |

| | | |
|-------------------------|-------------------|-----------|
| Organization/Name _____ | | |
| Mailing Address _____ | | |
| City _____ | State _____ | ZIP _____ |
| Phone Number _____ | Fax Number _____ | |
| Contact Person _____ | | |
| Home Number _____ | Work Number _____ | |
| Additional Number _____ | Email _____ | |

| THANKSGIVING (Please make commitments by November 13, 2009) | |
|--|---|
| <input type="checkbox"/> I will adopt _____ family (families) <input type="checkbox"/> I will adopt _____ senior(s) <input type="checkbox"/> I will donate _____ food baskets <input type="checkbox"/> I will donate _____ grocery gift cards \$_____ <input type="checkbox"/> I will donate \$_____ by check/money order made payable to the "Holiday Sharing Lay Fund" | <input type="checkbox"/> I will deliver to the family <input type="checkbox"/> The family can pick up items (see below) Pick Up Date: _____ Pick Up Time: _____ Pick Up Location: _____ |

| CHRISTMAS/HANUKKAH/KWANZA (Please commit by or before December 10, 2009) | |
|--|---|
| <input type="checkbox"/> I will adopt _____ family (food and toys) <input type="checkbox"/> I will adopt _____ senior(s) <input type="checkbox"/> I will donate _____ food baskets <input type="checkbox"/> I will donate _____ gift cards \$_____ <input type="checkbox"/> I will donate new toys for _____ children (Please specify in special requests) <input type="checkbox"/> I will donate \$_____ by check/money order made payable to the "Holiday Sharing Lay Fund" | <input type="checkbox"/> I will deliver to the family <input type="checkbox"/> The family can pick up items (see below) Pick Up Date: _____ Pick Up Time: _____ Pick Up Location: _____ |

Special Requests (example: Family of four, or senior residing in Landover, etc.):

Return form via fax to 301-909-6331 or mail to:

805 Brightseat Road
Landover, MD 20785

Attn: Holiday Sharing Program

For Office Use Only:

| | | | |
|-----------------------|-----------------|---------------|----------------------|
| Input in system _____ | Confirmed _____ | Matched _____ | Cust. Informed _____ |
| Date | Date | Date | Date |