

Volunteer Coordinator
Share A Family Holiday Project
936-441-4044 ext. 17
Fax: 936-539-8438
projects@mcwctx.org

MONTGOMERY COUNTY WOMEN'S CENTER
SHARE A FAMILY AND SHELTER SANTA PROGRAMS
2016 SPONSOR FORM



Sponsor Name _____
(Individual or Company Name)

If Organization, please list Department _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-mail _____

Contact Person _____ Phone # _____
(If different from above)

Best time to call _____ Preferred method of contact _____
(Phone, E-mail, Fax)

Sponsorship Preference - PLEASE CHECK ALL THAT APPLY:

_____ *Share A Family Wish List*

_____ **Family Size Preference***
(Please indicate total # of family members. Ex: Mom with 1, 2, 3 or more children
Or a Single Woman)

_____ *Shelter Santa Needs List*

* Individual Families will be assigned on a first come, first served basis. Every effort will be made to accommodate your preference.

Please return in the enclosed envelope on or before October 15, 2016

**Thank you for participating in our community project
and sharing the true spirit of the holidays.**