



Office Use:
 Family #:2018 - _____
 Number of Children: _____

**HOLIDAY WISH PROGRAM
 Sponsor's Registration Form**

A NIGHT AT THE MUSEUM

Your Name: _____ Date: _____

Company/Club Name: _____

E-mail Address: _____ Phone #: _____

Mailing Address: _____

How did you hear about Holiday Wish? _____

I'm interested in providing holiday wishes through...

Gifts

Number of children you are interested in sponsoring? 1 2 3 4 5

Specific gender? Girl Boy Doesn't Matter

Will you provide a small gift for the caregiver? Yes No

Monetary Sponsorship

Caregiver Gift: \$25 Treats from Santa: \$50 Photos with Santa \$100

Holiday Stockings: \$200 Children's Museum for the night: \$500

Other Monetary Donation _____

Please return this form no later than November 20th, 2018.

Visit www.friendsoutside.org under the "take action" tab to donate via:



Please make your checks payable to:
 Friends Outside/Holiday Wish
 P.O. Box 4085
 Stockton, CA 95204

Gift Sponsors: We will match you with a child(ren) and provide you with their wish list, upon receipt of this form. Please have new and unwrapped gifts ready on or before December 3rd for your sponsored child(ren). You can drop them off at our office (7272 Murray Drive) or arrange for staff/volunteers to pick them up from you.