

Holiday Assistance Program Donor Form

| Name: | |
|-----------|---|
| Company (| (if applicable): |
| Address: | |
| Phone: | Email: |
| ☐ I am in | nterested in purchasing gifts for the Holiday Assistance Program. |
| l aı | m willing to adopt: a family (indicate the maximum number of people that you are willing to adopt) |
| Ple | an individual(s) (indicate maximum number of individuals) ease e-mail form to suzanne.rhodeside@lenapevf.org or fax to 267-893-5380. |
| Do | not able to purchase gifts, but would like to make a donation to be used for purchases. Onation amount \$ Please make checks payable to Lenape Valley Foundation and maine Valley Foundation, Attn: Community Relations, 500 N. West St., Doylestown, PA 18901. |
| | WANZA WANZA |

Please note: When purchasing gifts...wrapping them is very helpful. Please label the gift with the individual's first name and last initial (this will be provided to you). All gift donations are anonymous. Please do not put your name on the gift or card. If you are unable to wrap the gift, we still appreciate your donation! We will have volunteers available to wrap gifts. Please plan to deliver your gifts no later than December 2, 2019. Gift drop-off information will be provided. Thank you!

Lenape Valley Foundation is a 501(c)3 not-for-profit organization. All contributions are tax deductible as permitted by law unless otherwise noted. A copy of the official registration and financial information may be obtained from the PA Department of State by calling toll free, within Pennsylvania 1-800-732-0999.

Registration does not imply endorsement.

Thank you for spreading holiday cheer!