



LIGHTHOUSE EMERGENCY SERVICES
HOLIDAY PROGRAMS
DONOR PARTICIPATION FORM

Please type or print clearly.
Please return before November 30, 2009
Fax: 248-335-1099

Lighthouse Emergency Services Holiday Programs
P.O. Box 430508
Pontiac, MI 48343

Contact Name: _____

Organization Name: _____

Address: _____ City: _____ Zip: _____

Phone (Day): _____ Phone (cell/ home): _____

E-mail Address: _____ Fax: _____

Have you participated in our Adopt-a-Family / Adopt-a-Senior Program before? Yes No

We will contact you at the above phone number between 9:30 a.m. and 2:00 p.m. Monday through Friday to discuss your selections, answer any questions you have, select your specific family, and schedule your drop off date & time. Thank you!

We / I would like to participate in the following way:

Thanksgiving Program

Donate Food _____ Help purchase turkeys & other items _____ Coordinate a food Drive _____

Holiday Help Program (smaller wish lists with only 1-2 items per person)

Number of Families _____ & Family Size _____ ~or~ No. of Seniors / Disabled Individuals _____

Adopt-a-Family Program (our traditional Holiday wish list program)

Number of Families _____ & Family Size _____ ~or~ No. of Seniors /Disabled Individuals _____

General Donations (all items must be new):

- Toys, School Supplies, School Uniforms, House wares, Sheets & Blankets, Cleaning Supplies, Personal Hygiene, Diapers & Wipes, Socks & Underwear

Sponsor the Holiday Programs

I would like to make a donation of \$ _____ Please make check payable to Lighthouse Emergency Services

Lighthouse Office Use

Client Number(s) : _____ Delivery Date: _____ Shift: _____

Completed By: _____ Today's Date: _____