

SPONSOR INFORMATION



Please complete the following (please print clearly):

 Individua 	ıl □ Company/Orga	nization Group	
_ast Name	First Name		Middle Initia
Address:			
Street	<u> </u>	City	Zip Code
Contact Person (Group/Organization C			
		Last	First
elephone Number: ()	Fax	Number: ()	
-Mail:			
. Do you or anyone in your group	know a language othe	r than English? (speci	fy)
. Would like to sponsor a family the	at resides in: (indicate	desired geographic loca	ation)
□ Pomona Valley □ S			
□ San Gabriel Valley □ Central LA-Hollywood □ Verdugos (Glend			
□ East Los Angeles □ W	est Los Angeles	□ Antelope Valley	
□ Southeast County (i.e. South G□ No preference.	ate, Norwalk, etc.)	□ South Bay-Long B	Beach
3. Would like to sponsor: Number o	f families to be sponsor	ed	
. Please indicate the household siz	e (including parents an	d/or guardians) <i>:</i>	
□ 2 members □ 3-4 members	□ 5-6 members □ 7	'-8 members □ 9+ fam	ily members
. Would like selected family to rece	eive the gifts as follow	s: (check one)	
□ Sponsor will deliver in person	g g	()	
☐ Gifts to be picked up by the fan	nily at 2615 South Gran	d Ave., Los Angeles, CA	A 90007.
□ Other			
Special Requests/Instructions (if applic	cable):		
Foota Madagas, Managasiana (ii appin			
Please return	form no later than, Mo	onday, December 9, 20	19
	\neg	Toy Loan and Volun	teer Services Program
FOR VOLUNTEER SERVICES USE ONLY		2615 South Grand A	
PATE RECEIVED:		Los Angeles, CA 90	
DATE MATCHED:		Tel: (213) 744-4344 Fax: (213) 743-9998	
	i i	-3Y (213) /43.4446	<