



## SPONSOR INFORMATION

## Please complete the following (please print clearly):

y employee, please indicate Department/Divisi	on/Section:		
	dual 🗆 Company/Organ	ization 🗆 Group	
Last Name	First Name		Middle Initio
Address:			
Str	eet	City	Zip Code
Contact Person (Group/Organiz			
Talanda ana Ni wali ani /	Lo		First
Telephone Number: ( )	Fax	Number: ( )	
E-Mail:			
How did you hear about the Pro	gram?		
1. Would like to sponsor a family	that resides in: (indicate d	esired geographic loca	ition)
□ San Gabriel Valley	□ East Los Angeles	☐ West Los Angel	les
□ Central LA-Hollywood	□ Pomona Valley	□ San Fernando \	/alley
□ Lancaster-Canyon Coun	try 🗆 South Los Angeles	□ South Bay-Long	g Beach
□ Southeast County (i.e. So	uth Gate, Norwalk, Comme	erce) 🗆 Pasadena, Gler	ndale, Burbank
□ <b>NO</b> preference, would like	e to donate where most ne	eeded.	
2. Would like to sponsor: Specify	total number of families to	be sponsored	
3. Please indicate the household	<b>d size</b> (including parents ar	nd/or guardians):	
□ 2 members □ 3-4 mer	mbers □ 5-6 members □	] 7-8 members □ 9+ fc	amily members
4. Would like selected family to 1	eceive the gifts as follows:	(check one)	
□ Sponsor will deliver in pers	son		
☐ Gifts to be picked up by t	he family at 2615 South Gr	and Ave., Los Angeles, (	CA 90007.
□ Other			
For Group Sponsorship, list name	s of all participating Spons	ors (use back of sheet if	needed):
Please retu	rn form no later than, Thurs	day December 7, 2017	
FOR VOLUNTEER SERVICES USE ONLY		Toy Loan and Voluntee	er Services Prograr
		2615 South Grand Ave	
DATE RECEIVED:		Los Angeles, CA 90007 <b>Tel:</b> (213) 744-4590	-∠oUŏ
DATE MATCHED:		<b>Fax:</b> (213) 743-9998	
		E-mail <u>dpssvolunteers@</u>	dpss.lacounty.go