

CHRISTMAS Delivery

(Include with all donations to City on a Hill)

Name of Organization/Church: _____

Address: _____

Coordinator's Name: _____

Coordinator Phone: _____ Email: _____

Our donation includes a total number of _____ boxes.

____ Presents for Christmas Store: Total # of presents _____

____ Christmas Stockings: ____ # of Boys (green) ____ # of Girls (red) ____ # of Adults (blue)

____ Christmas Party Supplies: (please circle supplies you plan to donate & list quantity)

_____ Frosting Sugars, Gels for Cookie Decorating

_____ Wrapping Paper

_____ paper Products (Silverware, napkin)

_____ Other: _____

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