



ACCESS

EMPOWERING HOMELESS WOMEN

Christmas Donor Application

Please return by December 1st

Name _____ Phone # _____

Address _____

Email _____

Check your planned donation:

_____ **Adopt a family**, Size family preferred _____

Guidelines: Holiday families have recently left the shelter or will be at the shelter for the holidays. You will be matched with a family and given a “wish list”. All presents should be **delivered, unwrapped on December 5th between 9am and 3pm.**

_____ **Item collection/donation**, Items _____

Some items needed: socks, underwear, pillows, twin sheet sets, new shoes, tooth brushes, tooth paste, cleaning products. **Call to set drop off date/time.**

This form should be mailed or emailed to: Jackie Hemsworth at ACCESS, 230 w. Market St. Akron, Ohio 44303, jhemsworth@access-shelter.org

Have questions? Call Jackie at (330) 376-0997 x 206

For ACCESS use only:

Family app _____ Sent wish list? _____ Drop off scheduled? _____ Delivered? _____

Gifts wrapped? _____ Thank you mailed? _____

Item app _____ Drop off scheduled? _____ Delivered? _____ Thank you mailed? _____