

2010 Holiday Basket Program Donation & Volunteer Form

**Help Interfaith Senior Programs Fill 500 Holiday Baskets
for Low-Income Seniors and
Adults with Disabilities in Waukesha County**

HOLD A DONATION DRIVE

Collect gift cards, stamps, and/or health kits yourself, or coordinate a donation drive at your organization.

All other items to be included in the 2010 delivery should be dropped off at the Interfaith office on or before **Monday, December 6** from 9:00 am – 6:00 pm.



Remember low-income seniors and adults with disabilities this December.

Items to collect (check the items you will collect):

- _____ **\$10 gift cards for Pick 'n Save or Walgreen's**
- _____ **Book of 20 stamps** (Forever stamps preferred)
- _____ **Wall calendar (any size)**
- _____ **Health Kits** (new items please):

* Contact Interfaith Senior Programs for instructions on filling health kits.

Health Kits include:

- 1 hand towel (measuring 15"x25" up to 17"x27", no kitchen towels)
- 1 washcloth
- 1 box all purpose adhesive bandage strips
- 1 container mini hand sanitizer (approximately 2 ounces)
- 1 individual size pack of tissues

Please provide your contact information:

Contact Name: _____ Group Name: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

**For information, call Barb Butler or Marie Honel at
Interfaith Senior Programs at (262) 522-2420 or email Marie at
marieh@interfaithwaukesha.org**

VOLUNTEER

I'd like to volunteer (mark your area(s) of interest and contact information):

- Project Helper (August - December)
- Driver (morning of Dec. 11, limited availability)

Contact Name: _____ Group Name: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

DONATE

Sponsor a health kit (\$10) or a Holiday Basket (\$100) for a Neighbor

Interfaith Senior Programs will assemble a health kit or provide materials for a complete Holiday Basket with your donation.

Donation Amount: _____

____ My check is enclosed payable to Interfaith Senior Programs OR

____ Please charge my (circle one): Master Card / Visa (a receipt will be mailed to you)

Account Number: _____ Cardholder Signature: _____

Name: _____

City: _____ State: _____ ZIP: _____

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