



ROTARY CLUB OF SEBASTOPOL SUNRISE



Holiday Giving Program 2006 Application

The **ROTARY CLUB OF SEBASTOPOL SUNRISE** has a community service project to help families in emergency shelters or sheltered housing or have special needs during this holiday season. If you need assistance with Holiday Gifts and/or food items, please complete the following application. Return this form to CAP caseworker, Sara Collins.

Date: _____

Name: _____

Address: _____

Phone or Contact Number _____

HOLIDAY WISH LIST				
Names	Age	Wish List (Please describe)	Color	Size
Mother				
Father:				
Child				
Child				
Child				

Additional information or requests:

Referring Agency: Community Action Partnership of Sonoma County

Name: Sara Collins Signature: _____

Email: scollins@capsonoma.org

Phone: 544-6911 X 1003 Cell phone: 694--3514

Address 1300 N. Dutton Avenue, Santa Rosa, CA 95401

Please FAX completed form to 829-5028. All applications must be completed by **December 6** to be considered for the Rotary Holiday Giving Program. . For further information, contact Kathleen Shaffer, Holiday Giving Program Chair at 696-0664