



Shoebox Christmas DONATION RESPONSE



YES! We'd like to help!

Date: _____, 20__

Name: _____

Company/ School/ Church/ Club OR Family

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Phones: Day- _____ Mobile- _____

Email: _____

Here's How We'd Like to Help:

Check all applicable options!

- ORGANIZE DRIVE - We will collect and **donate loose items** from list and deliver to SFH.
- SHOEBBOX WRAPPERS - We can help sort, pack or wrap/ decorate shoeboxes! Please call me at _____ to schedule.
- COMPLETE BOXES - We **will fill** and **drop off** approximately _____ **decorated shoeboxes** (standard adult size- 11" X 7" with lids wrapped separately).
- DELIVERY- I (we) would like to **help deliver** the wrapped shoeboxes to seafarers aboard ships beginning Nov. 20th thru January 13th. Please call me in October at _____

And/ Or ... **Please accept the following donation:**

- \$ _____ for the Shoebox Christmas Campaign. *These funds are needed to purchase items to fill the shoeboxes as we run low!*
- \$ _____ to purchase phone cards so the seafarers might call home during the holidays!

Check payable to Seafarers' House enclosed;

Please charge my Credit Card: _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

Name on Card: _____

Account # _____ Exp. Date: _____

Please respond to:

Seafarers' House, 1850 Eller Drive, Suite 500, Port Everglades, Florida 33316
Phone: 954-734-1580 – Fax: 954-734-1590 – E-Mail: anmati.s@seafarershouse.org.

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