



**Sharing & Caring**  
OF BENTON COUNTY

## 2018 Sponsor Form

I would like to be a part of making the holiday season extra special for children within our community. Please forward the information to the contact below:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Department#: \_\_\_\_\_  
Address: \_\_\_\_\_ Mail Stop#: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I (we) would like to sponsor:

# of children: \_\_\_\_\_

- Will your department be using grant funds to sponsor children?  
 If yes, would you like us to provide gift cards to shop with in return?

Notes: \_\_\_\_\_

**I (we) would like to make a monetary donation to benefit Sharing & Caring families. \$ \_\_\_\_\_**

**Please return this form no later than October 31st.**

**You can mail or scan send your information to Elsa:  
elsaa@sharingandcaringkids.com**

706 S. Walton Blvd, Suite A  
Bentonville, AR 72712

**Information on gift guidelines, gift drop-off, and distribution schedules will be sent with the child's shopping sheet.**

**For Administrative Purposes Only:**

Sponsor #: \_\_\_\_\_ Last Year # \_\_\_\_\_  
Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_