

Registration

Joyful Blessings

Sponsor: _____

Contact Person: _____

Phone: _____

Address: _____

Retail Value: _____

Name of Bundle (Theme): _____

BASKET CONTENTS:

(Please list ALL bundle contents)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Please list additional items on back of this sheet:

I WOULD LIKE TO:

Please check all that apply:

☐ **Make a monetary donation to have the WRAC create a bundle for me.**

☐ **Make a monetary donation towards wrapping & bundle supplies.**

☐ **Make a straight monetary donation to be matched by Kitzmiller-Bales Trust.**

Please list my donation/bundle under:

☐ **Personal name:** _____

☐ **Business name:** _____

☐ **Anonymous or Other:** _____

We ask Bundles be turned in by Monday, November 16th

Completed registration to accompany donated bundle

NO BUNDLE WILL BE TURNED AWAY…

THE HEART OF THE COMMUNITY
THE WRAC