

ASHEVILLE BUNCOMBE COMMUNITY CHRISTIAN MINISTRY

Christmas Angel Program Sponsor Information



Thank you for providing Christmas for children whose families are in crisis.

There are many ways to help:

Sponsor a Family: You will receive names, ages, interests or ideas specific for each child in the family. You can then take the list and shop for them! We recommend a guideline of a toy or toys up to these values: \$50 (ages birth to 3) \$75 (ages 4-10) \$100 (ages 11 and up) You can drop off gifts at *Newbridge Baptist Church 199 Elkwood Ave. Asheville, 28804*; or, you have the option of delivering the gifts to the family.

Donate New Toys: You can purchase toys for any age, birth through 18, and drop them off during the listed office hours below. These gifts must be **NEW** and **UNWRAPPED**.

<u>Make a Donation:</u> Make a tax deductible financial contribution which we will use to purchase gifts. Just send a check to ABCCM (designated for Christmas Angel), 30 Cumberland Ave. Asheville, NC 28801.

Donate Time: Volunteers are needed to help with the Christmas Angel Program. We need help with calling families, distributing gifts, assisting with sponsor drop-offs and family pick-ups.

If you would like to participate fill out the attached form: mail, email or fax to:

Jill Carter
ABCCM Christmas Angel Program
30 Cumberland Ave Asheville, NC 28801

Email: jill.carter@abccm.org OR fax to: 259-5323

Family Sponsors:

- ~ Please place all gifts in black trash bags so parents can discreetly take them home.
- ~ *Place parent's first and last name on all the bags* with masking tape and number bags (i.e. 10f 6, 2 of 6, etc.). If your family has more than one child, please put the child's name on the bag as well.
- ~Label all large gifts that cannot fit in bags (i.e. bikes, etc) with first and last name of parent and child.

PHONE NUMBER:

(828) 259-5337

(Please do <u>not</u> drop off at ABCCM Ministry locations.)
Gifts must be dropped off at Newbridge Baptist Church 199 Elkwood Ave during listed hours only.

Drop off times:
December 1st – 16th
Monday – Friday from 10:00- 6:00





Drop Off Signature:__

Christmas Angel Program



Sponsor Application Form

Group Contact Persons		
Mobile #	Home #	Fax#
Email:		
Address		
City	Stat	te Zip
	Please fill out info	ormation below
(you can sponso	r individual families and/or indica	ate the number of children you want to sponsor,
*Sponsor	_ (number of families) *H	How many children per family
* Sponsor a specific nui	mber of children:	
*Drop off gifts at the Cl	nristmas Angel Site <i>OF</i>	R Personally deliver gifts to the family
Suggested contribution for	r each child: \$50 (ages birth to 3)	\$75 (ages 4-10) \$100 (ages 11 and up)
Make a financial contril	oution of \$ desi	signated for the Christmas Angel Progra
	Please send comp	pleted form to:
Ji		s Angel Program Coordinator
DI (000) 05	30 Cumberland Ave A	•
Phone: (828) 259	` ,	Email: <u>jill.carter@abccm.o</u>
Please	1 0	ember 1st through December 18 th
	Deliver gifts to: Newb	9 1
	199 Elkwood Asheville, N	
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	Monday- Friday bet	
		ice use
ser's Edge:	_ Delivery/Drop Off dat	nte TY Sent:
		Responded

Date:_