



Little Sisters of the Assumption Family Health Service

Holiday Gift Donation Form

To make a donation, please complete this form and:

- 1) email it to your LSA Contact at _____ or to Caroline Ziccardi: cziccardi@lsafhs.org.
- 2) print out a copy and enclose it with your donation.

LSA Contact Name _____

LSA program to which the donation is designated

- Advocacy/Food Pantry
 Environmental Health Svcs.
 Nursing/CHHA
 Preventive Services
 Parenting & Child Dev.
 Sharing Place Thrift Store
 N/A - Where it's needed most

Are the donations gift-wrapped? Yes No

Description of donation

(Please describe, including quantity, age range, gender; eg. 10 toys for girls 4-6 years old)

Estimated value of donation: *(eg. 25 gifts at \$20 each = \$500)* \$ _____
Amount: \$ _____

Donor Contact Information

This donation is from an: Individual Organization

Organization _____

Contact Name _____ Title _____

Address _____

Phone _____ Email _____

_____ Please check if you would like us to mail you a donation receipt.

_____ Please check if you would like to be added to our mailing/email list.

Donor's Signature _____ **Date** _____

Donation received by _____ Department _____ Date _____