



Operation Santa Claus

SPONSOR FORM - 2016

(please print clearly)

Name _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Daytime phone _____ Evening phone _____ Fax _____

E-mail address _____

Number of children you would like to sponsor _____ Prefer to wrap gifts? (Y or N) _____

Note: some locations ask that gifts NOT be wrapped.

Special Requests _____

We attempt to meet all special requests. Some sponsors request a special needs child, a specific age or gender child and/or a specific location within the state. While we try to accommodate all these requests, it becomes more difficult as it gets closer to delivery day. If we are unable to meet your request, please understand and know the child(ren) we send you will also be grateful for your gifts.

Please select the location where you will be delivering your package:

- ____ **Berlin:** Dept. of Health & Human Services, 650 Main St. Suite 200
- ____ **Claremont:** Dept. of Health & Human Services, 17 Water St., Suite 301
- ____ **Concord:** DOT Highway Garage, 11 Stickney Avenue
- ____ **Conway:** Dept. of Health & Human Services, 73 Hobbs St.
- ____ **Keene:** Dept. of Health & Human Services, 111 Key Rd.
- ____ **Laconia:** Dept. of Health & Human Services, 65 Beacon St. West
- ____ **Littleton:** Dept. of Health & Human Services, 80 N. Littleton Rd.
- ____ **Manchester:** Dept. of Health & Human Services, 1050 Perimeter Rd, Suite 501
- ____ **Nashua/Southern:** Dept. of Health & Human Services, 3 Pine St. Ext., Suite Q
- ____ **Portsmouth/Seacoast:** Dept. of Health & Human Services, 50 International Dr.
- ____ **Rochester:** Dept. of Health & Human Services, 150 Wakefield St., Suite 22

All donations and gifts must be delivered to one of the above offices by December 5, 2016

Internal Use Only

Date Order Filled _____

Initials _____

Please return form to:
**Operation Santa Claus
SEA/SEIU Local 1984
207 North Main Street
Concord, NH 03301
Fax to: 603-271-6525**