

YES! We'd like to help!

## Shoebox Christmas

Date: \_\_\_\_\_\_, 20\_\_\_\_



Name:							
		Individual / Company/ School / Church / Club or Family					
Contac	ct Person:				_ Title:		
Addres	ss:						
City, S	state, Zip:						
Phones:		Day Mobile					
Email:							
Here's	How We'd Lik	te to Help: Che	eck □ all applica	able option	s and we'll co	ntact you wit	n details!
CON sho	MPLETE BOX beboxes at SFI- LIVERY- Deliven late December accompanied bed waiver will b	ES – Fill with <u>al</u> I (use standard  or the wrapped s Volunteers must by a teacher or re	pack items or wall 11+ items on the adult size- 11" X shoeboxes to see st be physically feesponsible parent delivery coordinates.	he Standard 7" shoeboo afarers abo fit and over nt will be co	List and <b>drop</b> kes with lids wr ard their ships 18 years old. S nsidered on a c	off filled & de apped separate beginning Late Students in sm case by case b	tely).  e November hall groups basis and a
	OR MAKE A DONATION - 100% of your donation will be used to fill our shoeboxes!						
	Please accept my donation of \$  My check payable to <b>SEAFARERS' HOUSE</b> , is enclosed Please charge my credit card:VISAMASTERCARDAMEXDISCOVER						
	Name on Card			Phone # _		<del></del>	
	Account #			E	xpiration date	CCV#:	
	Kastner, Shoeb		Telephone: 954- nailing, please o		s@seafarersh	ouse.org	
Anmati		, ,	Manager, Teleph <mark>rg (If emailing, </mark> ք			nfarershouse.	org

**Mailing Address:** Seafarers' House, 2550 Eisenhower Blvd, #207, Port Everglades, Florida 33316

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