

The Holiday Gift Program provides hundreds of gifts, food and other useful items to people living with HIV and their families each winter. We cannot do it without your support!

Celebrate the Joy of Giving!

Adopt a Gift for an individual or family – our biggest need.

We make it easy! Simply follow the list provided. This is a great project for your family, faith group or co-workers!

Host a Drive

Your school, faith group or workplace can hold a drive for new hats, scarves, gloves, toys or gift cards.

Bake Cookies

Bake your favorite holiday cookies at your home. Bag by the dozen and return them between Dec 15 and 19.

Sew Stockings

Create lovely homemade holiday stockings. We will provide a pattern!

Deliver Gifts

Deliver gifts to 1-2 recipients' homes.



Mail (postage required) or fax to 612-822-9668

Holiday Gift Program Donor and Volunteer Form

Online form at aliveness.org

Name(s): _____

Employer: _____ Organization: _____

Address: _____ Apt #: _____

City, state, zip: _____

Phone: Preferred: home cell work (_____) _____ Second option: h c w (_____) _____

Email: _____

ADOPT



- I want to provide a **holiday gift** for:
- individual
 - couple
 - family
 - no preference

Shop from the provided list. Purchase a \$35 retail or grocery gift card for each household (*suggestions provided with confirmation materials*).

Purchase and wrap hats, mittens, scarves, socks for all members of the household (*sizes provided*).

Deliver items to Aliveness December 5 - 10, 2016.

Total number of people I will adopt: _____

My total budget: \$ _____

DONATE

- Please contact me about making an **inkind donation** of new items:

Check: warm socks hats mittens scarves toys for older children and teens

- I want to **donate \$** _____ **in gift cards**. Visit www.aliveness.org/holiday to purchase cards online!

- Enclosed is a **donation for \$** _____. Please make your check payable to The Aliveness Project.

- I want to make a **credit card donation**. Please charge \$ _____ to VISA MASTER CARD AMEX
- CARD NUMBER _____ EXP DATE _____
 NAME ON CARD _____ SIGNATURE _____

This donation is in honor or memory of: _____

VOLUNTEER



- Please contact me or my group about **volunteering!**

Check: Team Leads (5-15 hours/week)

Wrapping presents

Sewing stockings

Baking cookies

Organizing a drive for new socks/hats/gloves/scarves/or gift cards

Delivering gifts on Friday, Dec 23 (*requires a vehicle*)

