



Marshall County Christmas Coalition

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www.christmascoalition.org

**ITEMS MUST BE BROUGHT TO THE GIFT DISTRIBUTION SITE ON
DECEMBER 4th – 6th FROM 8:00 a.m.- 4:00 p.m.**

**IF YOU DO NOT WISH TO SPONSOR A CHILD(REN) BUT WOULD LIKE TO MAKE A MONETARY
DONATION, PLEASE MAIL TO THE ABOVE ADDRESS.**

SPONSOR'S NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NUMBER(S) - Daytime _____

EMAIL ADDRESS: _____

NUMBER OF CHILDREN TO BE SPONSORED: _____

SPONSORSHIP PREFERENCE:

_____ **NO PREFERENCE**

_____ **BOYS** _____ **5& UNDER** _____ **6-12** _____ **13-18**

_____ **GIRLS** _____ **5& UNDER** _____ **6-12** _____ **13-18**

***We will do our best to honor your preference, but we do not split families.**

GEOGRAPHIC PREFERENCE:

_____ **NO PREFERENCE** _____ **ALBERTVILLE** _____ **ARAB** _____ **ASBURY**

_____ **BOAZ** _____ **DOUGLAS** _____ **GRANT**

_____ **GUNTERSVILLE** _____ **UNION GROVE**

***We will do our best to honor your preference, but we cannot make any guarantees.**

**You will receive complete instructions about where to take the gifts
when you receive information about the child(ren) assigned to you.**