

NECESSITIES SPONSOR FORM



Mail with check or money order
(please do not send cash)

Necessities, Inc.
P.O. Box 11
Ridgefield, CT 06877



Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ E-Mail: _____

___ I would like to donate ___ # of bags for \$50 each.
Include my first name only on the sponsor card in the bag: ___ Yes ___ No.
(If you would like to add a personal message, write it on the back of this page.)

___ I would like to sponsor a bag for someone I know (complete info box below).

___ I would like to make a donation for the general support of the organization.

Enclosed is my check in the amount of \$_____ made payable to Necessities, Inc.
Your gift will be acknowledged in writing for tax purposes.

To sponsor a Necessities Bag for someone in particular, please allow at least two weeks prior to the surgery date. We will need the name and shipping address of the patient's surgeon or nurse, along with the name and address of the person receiving your gift.

Surgeon/Nurse Name and Address:

City: _____ St: _____ Zip: _____

Phone: _____ E-Mail: _____

Recipient's Name and Address:

City: _____ St: _____ Zip: _____

Recipient's scheduled surgery date: _____

Hospital: _____