Bethel Christmas Shop 2017 Response Form

| Name of individua | al, church, ABWM, Sunday school, Business or organization |
|---|--|
| Name: | Phone Number: |
| Contact person(s) and | Email: |
| Please check below the may check more than | anner you feel called to participate in 2017 Christmas Shop. one opportunity |
| Provide specif Contribute to a Volunteer to o | re families and provide requested items for Christmas ic items requested or needed by a family a fund specifically for purchasing gifts for participating families rganize gifts before December 9, or serve as a greeter and/or help carry out their Christmas presents to their cars on Dec. 9 th |
| Your care of the | e Bethel Neighborhood Center community is a blessing! |
| | mail or fax @ 913-371-5206 or send an email to: <u>@bethelcenter.org</u> by Wednesday, November 15, 2017. |
| Our NEW mailing | g address is: PO BOX 171637, Kansas City, KS 66117 |
| | cut here |
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Please return this form by mail or fax @ 913-371-5206 or send an email to: Ms. Rosa Macias at admin@bethelcenter.org by Wednesday, November 15, 2017.

Our NEW mailing address is: PO BOX 171637, Kansas City, KS 66117