## **HOLIDAY OF HEROS**

## DONOR REGISTRATION FORM



If this is a group or company donation, please include a primary contact's information.

DONOF	R INFO	RMAT:	ION												
First Name						Last Name							Date		
Company/Group Name															
Street Address							Apartment						iite #		
City					State ZIP										
Phone						E-mail Address: (you may be contacted through email)									
How did you learn about HERO for Children, Inc?															
Would yo	ou like to	be con	tacted next y	ear regarding	of HERO	s Progra	m? [	Yes				No			
How would you like to get involved?   Child Sponsor   Donation drive   Monetary donation   Donate services   Gift wrap											vrap				
Please o	check ar	nd fill o	ut the appro	opriate section	on(s) b	elow:									
☐ CHILD SPONSOR															
Sponsor Size:			☐ 1 children			2 children			3 children				children		
Type of Child(ren):			☐ Baby/Toddler			3-5 years old			5-9 years old				☐ 10-12 years old		
			☐ Teen			Any Age									
Gender:			☐ Male			Female			ny gender						
We will contact you with the following information about your sponsored child(ren) by early November:  • The child(ren) ID#(s), gender(s) and specific age(s)															
■ <b>DONATION DRIVE</b> Select any that apply: □ Clothing & Accessories Drive							☐ Toy Drive				☐ School Supplies Drive				
Select any that apply.				) & Accessorie					School Supplies Drive						
While we appreciate your thoughtfulness and generosity, please leave all donated gifts unwrapped. Gifts or donations may be delivered to <b>H.E.R.O.</b> for <b>Children</b> , <b>Inc.</b> , <b>580 W. Crossville Road</b> , <b>Suite 204</b> , <b>Roswell GA 30075 (Crossville Commons).</b> Our donations deadline is <b>Friday</b> , <b>December 5</b> <sup>th</sup> , <b>2025</b> (please call ahead to arrange drop-off time for sponsorship and general donations.).															
Please provide only new gifts. Gently used items are generally welcomed at other times, but holiday gifts MUST be new.															
	NETAR	Y CO	NTRIBUT	ION											
Please mail your check to <b>H.E.R.O. for Children, Inc., 580 W. Crossville Road, Suite 204, Roswell GA 30075</b> (please indicate "Holiday of HEROs" on your check). If you prefer to make an online contribution, please <u>click here</u> or go to www.heroforchildren.org/donate.															
Please indicate if you would like to be contacted regarding additional donation opportunities throughout the year.															
Yes	☐ Yes ☐ No														
				Thank v	ou foi	r vour s	oddus	rt of t	his n	rogran	n.				

Completed form may be emailed back to holidayofheros@heroforchildren.org or faxed to (470) 321-3106