



AIDS Alabama | Holiday Wish

Holiday Wish 2021 Sponsorship Form

Sponsor Name: _____

Sponsor Address: _____

Sponsor Phone: _____

Sponsor E-mail: _____



Please shop for me!

I plan to make a donation in the amount of _____ and allow AIDS Alabama to shop and make an in-kind donation on my behalf.

Check enclosed

I will donate online

*All donations are used to purchase gifts for children in the Holiday Wish program.

Please match me with a child. I understand that all gifts are to be delivered unwrapped to the AIDS Alabama main office **no later than Wednesday, Dec. 1st.**

I **DO NOT** have a gender or age preference for my sponsored child

I **DO** have a gender and age preference for my sponsored child.
age: _____ gender: _____

Please mail form to 3529 7th Ave S Birmingham, AL 35222 or fax to 205-324-9311. **Forms can be emailed to christy.little@aidsalabama.org.**