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The DeKalb County Christmas Bureau

Phone: 260-925-9200 Ext 305 or 301 FAX: 260-333-0865

OFFICE USE ONLY Sponsor #: ______ Family #: ______ thru _____ Date Family Info Sent: ______ Picked Up Faxed Emailed Picked Up by: ______

Facebook: The DeKalb Cou	inty Christmas Bureau				
	Individual /	Organization Spons	or Agreement		
Name of Individual / Org	anization:				
Type of Organization:					
Address:					
City:			INDIANA Zip:		
Contact Name:			Phone #:		
Alternate Phone Number:			Fax Number:		
Email Address:					
We wish to adopt Children, OR , Families with			o more than Children.		
Please specify how you d	lesire to receive your far	mily information:	☐ Email ☐ Pio	ck-up 🗌 Fax	
-	the family information	_	•		owever this
·	ys possible. If you need		•	,	
Please provide	by	date. We will d	o our best to acc	ommodate your requ	uest.
families/families by Dece KNOW WHEN THIS HAS	BEEN COMPLETED. Ver the Christmas gifts to	at you make arranger SonShine Ministries	nents with them	by Dec 15th) PLEAS	E LET US
Signature of Individual/	Organization		Date		
Please send completed f	form by October 31st to	Emai Fax: Mail:	260-333-0865 SonShine Min PO Box 565 Auburn, IN 40		
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