



Sponsor A Hamper Program Registration Form

Sponsor Ty	/pe: □ Indiv	idual/Family	☐ Company/Organization/Group	
Contact Person (firs	t/last name):			
Company/Organiza	tion/Group Name:			
Address:				
City:				
Daytime Phone:		Evenii	ng Phone:	
Cell Phone:			E-Mail Address:	
Number of Hamper	s you wish to spon	sor:	<u> </u>	
Preferred Area of O	ttawa: 🗆 East	□ Central	☐ West ☐ South ☐ No preference	
Wish to help family	of: 🗆 1 - 2 people	☐ 3 – 5 People	☐ 6 + People ☐ Seniors ☐ No preference	
Comments:				

The Caring and Sharing Exchange makes every effort to accommodate sponsorship preferences, but cannot guarantee, specific requests.

You will receive your hamper match(es) during the week of December 07 2020

Thank you for making this Christmas a special one for Individuals & Families in need in our community!





Sponsor a Hamper Program Confidentiality Agreement*

*Each person that has access to client information must sign a copy and return it to the Caring and Sharing Exchange

I understand as a condition of my involvement as a HAMPER SPONSOR of the Christmas Exchange Program of the Caring and Sharing Exchange that I am expected to maintain this confidentiality during and after my involvement.

I agree that any information about clients secured by me, or available to me, in the pursuit of my duties with the Caring and Sharing Exchange is of a confidential nature and I hereby undertake to respect that confidentiality and to take all reasonable precautions to safeguard it.

(Signature)	(Printed Name)	(Date)

Please return Registration Form and Confidentiality Agreement to the Caring and Sharing Exchange

By Mail: The Caring and Sharing Exchange

P.O. Box 5167

Ottawa, ON K2C 3H4

By E-Mail (scan): hamper@caringandsharing.ca