



BE A BLESSING

ADOPT AN ANGEL

COMPANY/ORGANIZATION: _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

ATTENTION: Pick up is only available if a minimum of 100 angels were adopted.

DO YOU HAVE A SUGGESTED DATE AND TIME YOU WOULD LIKE YOUR ANGELS PICKED UP?

PICK-UP DATE: _____

PICK-UP TIME: _____

HOW MANY ANGELS' GIFTS ARE WE PICKING UP?

_____ CHILDREN _____ SENIORS

PICK-UP INSTRUCTIONS

IS THERE A LOADING DOCK? YES NO

IS THERE A HEIGHT RESTRICTION ON THE ENTRANCE DOCK? YES NO

IS THERE A GATE OR SECURITY WE NEED TO GO THROUGH? YES NO

IF THERE IS SECURITY, CAN WE PROVIDE THEM WITH CONTACT NAME LISTED ABOVE FOR ENTRY? YES NO

PLEASE PROVIDE GATE CODE, HEIGHT RESTRICTIONS, AND OTHER SPECIAL INSTRUCTION FOR ENTRY:

THE DAY OF YOUR REQUESTED PICK-UP WE WILL CONTACT YOU WITH THE EXPECTED TIME OF ARRIVAL

CORPORATE
ANGEL TREE
PROGRAM
**PICK-UP
FORM**

THIS FORM IS
DUE
**MONDAY,
NOV. 11, 2019**

THE DEADLINE
TO RETURN
GIFTS IS
**MONDAY,
NOV. 18TH
THROUGH
THURSDAY,
DEC. 5TH, 2019.**

**** PLEASE NOTE
WE WILL BE
CLOSED THE
WEEK OF
THANKSGIVING.**



DOING THE MOST GOOD