

ADOPT-A-FAMILY HOLIDAY GIFT PROGRAM 2022

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With the support of our generous community and partners, East Bay Community Action Program (EBCAP) provides assistance to families celebrating holiday traditions.

HOLIDAY GIFT PROGRAM

The Adopt-A-Family Program

The EBCAP Adopt A Family Program finds the goodwill of the community in the form of sponsors who provide gifts for families. The lean budgets of the families we see often don't stretch far enough for holiday gift-giving. The holidays can be a time of anxiety rather than celebration. Low-income families within the East Bay area nominated by case managers are eligible to participate. Many of EBCAP's client families live at 200% of poverty or below.

Together we help families as they celebrate the holidays.

The Adopt-A-Family program matches client families in need of holiday gift assistance to sponsors who anonymously provide gifts for them.

You can sponsor one person, one family, or multiple families depending on how much you want to give. Families of all sizes and ages need support.

Our Sponsors Include

Individuals

Families

Civic Organizations

Small Business Owners

Corporations

Book Clubs

Educational Facilities

Neighborhood Groups

Local Libraries

Faith-Based Organizations



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KEY DATES

BY NOVEMBER 10

- You may request family size, type, and ages – we will make every effort to match your requests. Early registration ensures the best match!

BY NOVEMBER 14

- Registered sponsors notified of the family match and given a suggestion gift/shopping list.

DONATIONS AFTER NOVEMBER 30

- Financial donors may continue to donate checks or provide gift cards (in \$25 increments) so that families who were not able to participate in the “sponsor matched” portion of the program can still be supported (limited depending on availability).

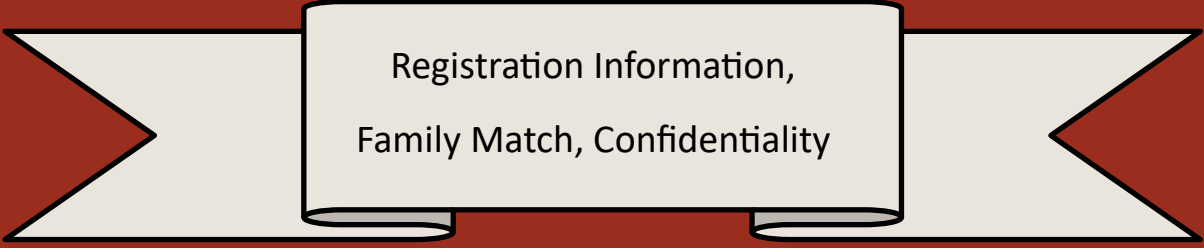
DECEMBER 13

- Sponsor Gift Drop Off! Sponsors drop off at the location you chose:

Saint Brendan’s Church 60 Turner Avenue Riverside or First Presbyterian Church
4 Everett Street, Newport RI

DECEMBER 14

- Family Day Gift Pickup! Matched families pick up their gifts.



Registration Information,
Family Match, Confidentiality

Register

- Registration is open in October until all clients are matched with a sponsor (usually mid-November).
- You may request family size and ages — we will make every effort to match your requests. Early registration ensures the best match!
- You will be notified in early November about the individual or family you've been matched with.

Family Match

- You will receive an email from **adoptafamily@ebcap.org** or **be mailed** with your family gift suggestion list. Please confirm receipt with an email back to us so we know you received it. We do this sponsor confirmation to ensure every family is matched, so we must hear back from you to confirm.

Confidentiality

- Families seeking support live in our community; they may be families you know from school, church, sports, and activities. As they seek support we ask that you honor our confidentiality promise: that all forms of assistance provided will be held confidential, both in our building as well as when out in the community.



More Details

About Your Family Gift Wish List

- Your list may have several choices of items listed per person. Choose from among the items on the list. The list of options does not mean you should purchase all the items on the list! These are simply here to give you options.
- Each wish list is different. We try to honor each family's wishes as they present them to us. Some lists can be very detailed; others can be simple and limited to practical needs. Our case managers encourage families to specify multiple gift ideas and capture as much information about size, color, and style to help you as a sponsor.

Shop...Shop...Shop!

- Have fun shopping!
- Use your best judgment if your gift list is less detailed.
- Gifts for children 12 years and under are preferred over gift cards.

Labeling & Packaging

Getting Gifts Ready for Drop Off...Please Remember to:

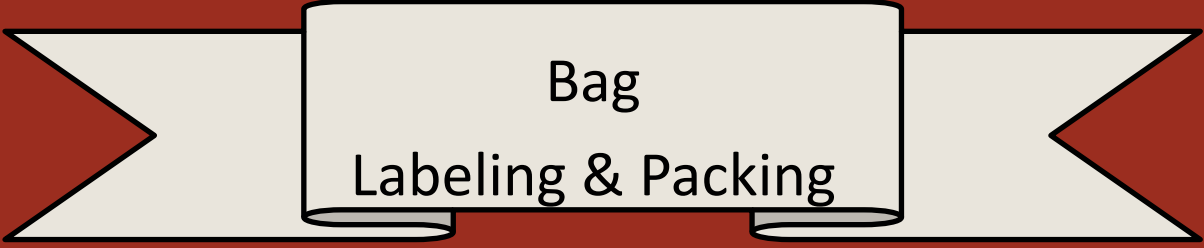
- Do not wrap gifts, if you would like to provide the family with gift wrap please bag it and label it with family#.
- Label each gift with the Family# and Child# of the recipient.
- Highlight gifts purchased on the suggestion/wish list, so families will know which items were purchased and give the list to staff when dropping off.
- Put gifts in large bags. Label each bag with family number and number of bags (1 of 3, 2 of 3, 3 of 3), and close bag to ensure that gifts cannot fall out.
- Please place gift cards in separate envelopes labeled with the Family# and Child# of the recipient. Then place all envelopes into a bag or a large envelope marked with the Family# to ensure they do not get lost. Please give the staff at the site any gift cards.
- Keep the donor receipt form for your tax records if you'd like to.
- Deliver gifts to the location you chose in **Newport or Riverside** on **TUESDAY, DECEMBER 13th—9:00 AM-3:00 PM**
 - Groups must deliver gifts at one time.
 - Drop off gifts only at the specified hours (when we have personnel and volunteers checking in gifts).
 - Early drop-off is discouraged due to space and security concerns.
 - Late drop-off IS NOT POSSIBLE because families and individuals come to pick up their gifts on Wednesday, December 15th.

So no one gets left without a gift by mistake!

- Your itemized list is a great help to us to ensure that every person on our list matches every person on your list. With hundreds and, hundreds of gifts being delivered in just a single day, your gift itemization and labeling are so important and appreciated.
- Please highlight gifts purchased on the list and place it INSIDE your large plastic bag containing the gifts.
- List the Family # of the gift recipient and Child# that is in each package. For example, EP#21 Child #1

Sponsor Timeline





Bag
Labeling & Packing

Family #

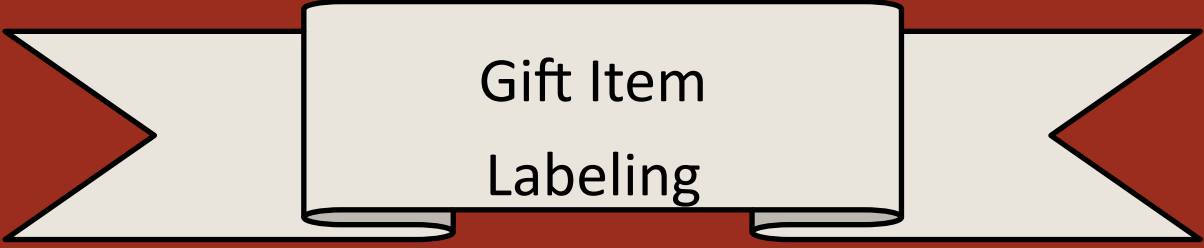
Bag of

Family #

Bag of

Family #

Bag of



Gift Item
Labeling

Family #

Child #

Age:

Family #

Child #

Age:

**DONOR REGISTRATION
FORM**

2022 ADOPT-A-FAMILY

BUSINESS, GROUP, OR INDIVIDUAL COMMITMENT FORM

DATE: _____

PLEASE INDICATE DROP OFF LOCATION: St. Brendan's Church, 60 Turner Avenue, Riverside _____
First Presbyterian Church 4 Everett St, Newport _____

NAME OF COMPANY, GROUP, OR INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **FAX #:** _____ **EMAIL:** _____

CONTACT PERSON: _____ **NUMBER OF STAFF:** _____

NUMBER OF FAMILIES REQUESTED: _____ **FAMILY SIZE DESIRED FOR EACH FAMILY:** _____

COMMENTS: _____

I WILL HONOR OUR COMMITMENT TO THE ADOPT-A-FAMILY PROGRAM.

SIGNATURE OF REPRESENTATIVE



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MATCHED WITH FAMILY # _____

EAST BAY COMMUNITY ACTION PROGRAM—OFFICE OF VOLUNTEER SERVICES
100 BULLOCKS POINT AVENUE – EAST PROVIDENCE, RI 02915—PHONE 435-7876 ext 1137

adoptafamily@ebcap.org

SAMPLE SUGGESTION WISH LIST

FAMILY # NEWPORT #6		SUGGESTION WISH LIST	
Family Member	Age	Item & Size	Specifics
Daughter#1	13	Gloves	Size Medium
		Wall Calendar	
		Operation Game	
		Blow Dryer	
		Music CD or Gift Card	
		Lotions & Bath Stuff	Bath & Body Works
		Nail Polish Set	
		Backpack	Purple
		Marker Set	
Daughter #2	4	Discovery Drawing Light Easel	
		Bead set for making jewelry	
		Toy Binocular	
		Bubble Bath	
		Pink Warm Robe	Size 4-6
		Hungry Hippo Game	
		Pink Gloves, Hat Scarf Set	
Daughter #3	1 Year	Sweater and pants outfit pink	18-24 months
		Fisher Price Popcorn Walker	
		Baby Bath Set (brush, washcloth, towel, etc.)	
		Stuffed animal puppy	
		Snowsuit	18-24
		Snow Boots	12-18 month size
		Soft Cloth Books	
Mom		Gift Card	Walmart
		Gift Card	Stop Shop

Donor Receipt

**Thank you for your donation of Holiday Gift items
to the EBCAP Adopt-A-Family Program**

Date: _____

Donor or Organization Name: _____

Contact Person _____

Address/City/Zip Code: _____

Email: _____ Phone: _____

Donation Description _____

I understand upon delivering items for donation to EBCAP. I relinquish ownership of those items.

Donors Estimated Value: _____



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EBCAP is a 501(c)(3) nonprofit organization. Your donation is tax-deductible to the fullest extent of the law.



Name of Business

or Individual: _____

Name of Primary Contact: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

E-mail: _____

Description of Contributed Goods or Services: _____

Date(s) Contributed: _____

Real or Estimated Value of Contribution: \$ _____

How was the value determined?:

Actual Value

Appraisal

Other

If other, please explain: _____

Who Made this Value Determination?: Donor _____

Is there a restriction on the use of this contribution?:

No

Yes

If yes, what are the restrictions?: _____

Was this Contribution Obtained with or Supported by Federal funds?:

No

Yes

If yes, please provide the name of the Federal agency and the grant or contract number: _____

Signature of Contributor

Date Contributed

Office Use Only:

Person Receiving Goods or Services on Behalf of Non-Profit Organization of My County:

Printed Name

Position

Signature

Date Received