



Dear Community Supporter:

Summer is almost over, football season is just around the corner and the holidays will soon be upon us! Greenville County Foster Parents Association, and Hands On Greenville are looking for corporations, individuals, civic groups, and others to serve as **Wish Granters** for our annual Hands on the Holidays program.

Hands On the Holidays provides holiday cheer to more than 500 children in foster care throughout Greenville County. Becoming a Wish Granter is easy – simply fill out the enclosed form and we will send you a wish list for up to 50 children. We encourage you to be as generous as you can, and here are a few guidelines to follow:

- Please spend at least \$100 per child
- Please grant as many wishes as possible from the list you receive (we prefer that the children receive several small items rather than one large item).
- Please leave gifts unwrapped. You may include gift-wrap, ribbon and/or gift tags.

Our gift collection will take place on **Friday, December 3rd and Saturday, December 4th**. *Additional instructions will be sent along with the wish lists.*

Simply fill out the attached Wish Granter form and return it to:

Greenville County Foster Parents Association
2801 Wade Hampton Blvd., PMB 244
Greenville, SC 29687
fax: 864-250-0595

We will send a wish list(s) to your business or home with the specific information about a child(ren). You will receive your wish list(s) by the end of October to allow ample shopping time.

Thank you very much for your consideration. If you have any questions, please feel free to call us at 864-616-6248 or email gcscfpa@gmail.com.



Greenville County
Foster Parents Association

and



Hands On the Holidays 2010 Wish Granter Form

Group, Company, or Individual Name: _____

Contact Person: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Please send me # _____ wish lists

* *The maximum number of wish lists per company, group or individual is 50*

* *Wish lists for children of all ages (birth – 18) will be distributed to each Wish Granter*

Or

Enclosed is my donation of \$ _____ to be used to grant wishes for children in the Hands On the Holidays program and/or to support Greenville County Foster Parents Association. *Make checks payable to GCFPA.*

Please charge my credit card for this amount:

Type of card: ___Mastercard ___Visa ___Discover ___American Express

Card Number: _____ Expiration Date: _____

Billing address: _____

City/State: _____ Billing Zip Code : _____

Please return this form to:

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Thank you for your support!