



THE SALVATION ARMY
ADOPT-A-FAMILY PROGRAM
2007

SPONSOR #: _____
DATE: _____
FSB DATE: _____ (Office Use Only)

Please print legibly and complete all information

Name of Group/Company:

Address:	City:	State:	Zip:
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Contact #1 Name:	Daytime Phone #:	Cell Phone #:
E-mail Address:	Evening Phone #:	Fax #:

Contact #2 Name:	Daytime Phone #:	Cell Phone #:
E-mail Address:	Evening Phone #:	Fax #:

How many families are you interested in adopting? _____ What size family? _____

How many Senior(s) are you interested in adopting? _____

How many individuals will be participating in this program? _____

PLEASE MAKE SURE THAT YOU ARE ABLE TO DELIVER GIFTS ON DESIGNATED DATE AND TIME, PRIOR TO SUBMITTING THIS APPLICATION. Delivery location is: TBD – location will be provided when you receive your Adopt-A-Family information packet. Delivery Dates are: Monday, December 10th and Tuesday, December 11th from 10:00 am – 7:00 pm.

Mail application to: The Salvation Army
Attn: Deanna Powell
114 E Central Parkway
Cincinnati, OH 45202

or fax it to: 513-762-5637
or email to:
DEANNA.POWELL@USE.SALVATIONARMY.ORG

ALL GIFTS MUST BE NEW, WRAPPED AND LABELED WITH RECIPIENTS NAME AND FAMILY NUMBER.

PLEASE CONSIDER PROVIDING NON-PERISHABLE FOOD ITEMS OR FOOD GIFT CARDS FOR YOUR ADOPTED FAMILY FOR THEIR HOLIDAY MEAL.

Thank you for your kindness in helping others during this Holy season

****THIS FORM MUST BE TURNED IN BY 11/15 TO BE MATCHED WITH A FAMILY****