

Adopt-a-Family Donor Information Sheet

Contact Person: _____

Organization (if any): _____

Mailing Address: _____

City _____ State _____ ZIP _____

Day Phone: (_____) _____

Night Phone/Alternate Phone: (_____) _____

Fax Number: (_____) _____

E-mail address: _____

Total number of families you wish to adopt? _____

Number of individuals you are willing to sponsor/adopt: _____

Does this include parents? ____ yes ____ no

Age or gender preferences? _____

(i.e. boy under 5, boy or girl 5-12, teenagers, any, etc.)

Would you like to deliver the gifts and/or food to the family's home? ____yes ____no

If no, please list delivery or pick up options _____

How would you like to receive information about the family?

____regular mail ____fax ____email ____other: _____

What area(s) are you willing to deliver items to a family? _____

THANK YOU!!

Questions? Contact Lorraine Lee, Program Assistant for Project Interdependence,
at 253-383-3056 ext. 109.