



ADOPT-A-FAMILY SPONSOR FORM

SPONSOR INFORMATION:

Sponsor: _____
 Contact Person: _____
 Address: _____
 Phone: _____ Cell: _____ Fax: _____
 E-mail: _____

Previous Adopt-A-Family Sponsor: YES / NO Year last sponsored: _____

SPONSOR PREFERENCES:

Family(ies) #: _____ Adult(s) #: _____ Child(ren) #: _____
 Children only? YES / NO Entire Family? YES / NO
 Delivery Option: NEEDS, Inc. Family(ies) Date & Time of Delivery: _____
 Contact with Family(ies)? YES / NO Permission to share sponsor information provided? YES / NO
 Date you require family match information by: _____
 Signature of Sponsor Representative: _____

Notes / Special Requests:

SPONSOR / FAMILY MATCH: (Green area to be completed by Needs, Inc. staff)

FAMILY NAME	Date Information Provided to Sponsor	Staff
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

INITIATED: Date: _____ Time: _____ Staff: _____