



THE SALVATION ARMY ADOPT A FAMILY PROGRAM 2018

SPONSOR #: _____

DATE: _____

SOCIAL MINISTRIES DATE:

(Office Use Only)

Please print legibly and complete all information

Name of Company/Group/Individual/Family:

Address:

City:

State:

Zip:

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 #:

Number of families you wish to adopt? _____ Number of members per family? _____

Number of senior citizens you wish to adopt? _____

**PLEASE MAKE SURE THAT YOU ARE ABLE TO DELIVER GIFTS ON DESIGNATED DATE AND TIME,
PRIOR TO SUBMITTING THIS APPLICATION.**

Gift Delivery Dates:

Monday, December 17th, 9:00 AM to 7:00 PM.

The delivery location is, 4020 E. Galbraith Road, Cincinnati, Ohio, 45236.

***ALL GIFTS MUST BE NEW, WRAPPED AND LABELED WITH RECIPIENTS NAME. GIFTS MUST BE PLACED IN
LARGE BAGS AND LABELED WITH FAMILY NUMBER PRIOR TO DELIVERY.***

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

Mail application to: The Salvation Army
Adopt A Family
114 E. Central Parkway
Cincinnati, OH 45202

or fax to: 513-762-5637

or email to:

SWO.ADOPTAFAMILY@USE.SALVATIONARMY.ORG

****PLEASE RETURN THIS FORM BY 11/16/18 TO BE CONSIDERED FOR SPONSORSHIP****