



ADOPT-A-FAMILY PROGRAM DONOR REGISTRATION

Name: _____

Preferred Address: _____

City/State/Zip: _____

Phone Numbers: Home: _____ Cell: _____

E-mail: _____

Company name (if applicable): _____ Phone: _____

- I give permission to use my name, as listed above, in The Littlest Heroes promotional materials
- I give permission to use my photo in The Littlest Heroes promotional materials
- I prefer to remain anonymous

Preferred method(s) of contact:

- Home Phone Cell Phone
- Work Phone E-mail
- If applicable, please contact me through my company leader

What is the family household size you are interested in adopting? 1-2 3-4 5-6 6+

Donors generally spend \$50 to \$100 per family member. Is that a comfortable spending range for you?
_____ If not, would you like to share a family with another donor? _____

Purchase preferences: Gifts Gift Cards/Gift Certificates Both

I will drop the donations off at The Littlest Heroes' Chesterland office
 Please arrange a pickup at: above location different location _____

Please note:

- All gifts must be unwrapped. The Littlest Heroes' student volunteers will wrap gifts prior to delivering to the families.
- We are unable to accept any religious material unless specifically requested by the family.
- Gifts should be received by The Littlest Heroes by Monday, December 10, 2007.

Please mail or fax completed form by Monday, November 5, 2007 to:

The Littlest Heroes • Karen Neimeister • 8228 Mayfield Rd, Suite 3B • Chesterland, OH • 44026
Fax – 440-729-4014