



FAMILY TO 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 group leader

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

Donors typically spend approximately \$2,500 per family per year.

Is that a comfortable spending range for you or your company? _____

If not, would you like to share a family with another donor? _____

Are you able to drop the donations off at our office or should we arrange pick up? _____

The adopted families often request additional assistance throughout the year (beyond the five donation occasions). If this occurs:

- Contact me, I may consider it.
- Please contact someone else.

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

Questions? 440-729-5200 or neimeister@thelittlestheroes.org