



WAIM Adopt-A-Family Donor Application

Donor/Group Name _____

Contact Person _____

Address _____

Work # () _____ Fax # _____

Home # () _____ e-mail _____

Dinner basket or food gift card _____ Children/Adult Gifts _____

Family size donor will provide for _____

Delivery of dinner basket & gifts to FAMILY: Date: _____ Time: _____

If delivering to WAIM: Tuesday thru Friday between 9am and Noon. Drop off is at 866 Main St, Willimantic

Comments:

Please fax completed form to: 860-456-9278

Or mail to: WAIM P.O. Box 221, Willimantic CT 06226



For Office Use

Application # _____ Date _____

Date of adoption ____/____/____

Name of Adopted Family:
