



Windham Area Interfaith Ministry

Windham Area Interfaith Ministry Adopt-A-Family Donor Application

Donor/Group Name _____

Contact Person _____

Address _____

Work # () _____ Home # () _____

Email _____

Preferred family size _____

I (the donor) intend to deliver gifts and a dinner gift card directly to the FAMILY on:

Date _____ Time _____

I intend to deliver gifts and a dinner gift card to **WAIM** for family pick-up:
Delivery is at 866 Main St, Willimantic CT 06226 (side entrance), Tuesday thru Friday
between 9am and noon.

Comments:

Please email application to: casemanager@waimct.org; drop it off at WAIM, 866 Main St.,
Willimantic; or mail to: WAIM, P.O. Box 221, Willimantic CT 06226

For Office Use

Application # _____

Date of adoption ____/____/____

Name of Adopted Family:

1. _____

2. _____

3. _____