



Holiday Adopt-A-Family Form

Childhood Cancer Careline, *Giving from the Heart*

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ADOPTER CONTACT INFORMATION

Name: _____ Company (if applicable): _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Best time to reach you: _____ Email: _____

Any preference about the type or size of family? (ex. family with a child in treatment, family with a child who just passed away, family with 2, 4, 6 or 8 children with the Mom and Dad) _____

Delivery area or preferred city: _____

HOW YOU WOULD LIKE TO HANDLE THE ADOPTION?

- Purchase for the family
- Deliver to the family
- Both purchase and deliver

Will you wrap the presents? Yes No

Do you need a volunteer to help wrap? Yes No

May we give the family you are adopting your name? Yes No

Would you like to remain anonymous? Yes No

CHILDHOOD CANCER CARELINE'S INQUIRY

Have you ever worked with our Adopt-A-Family program in the past? Yes No

Would you like us to notify you of other volunteer opportunities in the future? Yes No

Would you be interested in attending a future event? Yes No

Thank you for participating in our annual Adopt-A-Family program! The whole family is affected when a child has cancer and these families often have many financial difficulties during and even after treatment. We appreciate your willingness to help these cancer families during the holidays.