

Adopt a Family Gift Intake 2024

Partial drop-offs will not be accepted

Drop off Date: _____ Family # _____

Donated by _____

Drop off Location: 362 Park Creek Dr – **WE MOVED!**

Number of participants giving gifts _____

(Example - how many in the office contributed for this program or how many in the family who is making the donation)

Contact Phone of donor _____

Mailing address:

Contact email address:

Please give all **gift cards** to the United Way Staff!

Staff signature:_____ Date:_____