



Adopt-A-Family Sponsor Form

Primary Contact: \_\_\_\_\_

Company Name (If applicable): \_\_\_\_\_

Department (If applicable): \_\_\_\_\_

Job Title (If applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Contact method:      Call              Email

Would you like to meet with the Family?    Yes    or    No

Can we Thank you on Social Media/Website?

Yes    /    No

If you have any questions, please contact us at 307-632-4132

Please scan and return to [Clients@needsinc.org](mailto:Clients@needsinc.org) or mail to

900 Central Ave, Cheyenne WY 82007

By November 19<sup>th</sup>, 2021

Family HHID#
_____
Office use only

Thank you for your support during this Holiday Season