DLA Adopt-a-Family program 2015

Family and Gift Information Form

NO. _____ (Office Use Only)

Recommending POC Name and phone number:

FAMILY NAME: **Contact phone number :**

Email:

Names are kept confidential. Use form below to identify the needs of the Family.

Please only include children up to the age of 18 yrs old. (19 if still attending High School)
Please do not ask solely for gift cards. This is not the intent of the program.

NO. _____ (Office Use Only)

Child's First Name Only (Name used to label gift)	Age	Gender	Recommended Toy	Misc. Items(clothing/shoe sizes)