

Adopt A Family Program - Holiday Season 2015

Albany County Department For Children, Youth & Families

112 State Street, 3rd Floor, Albany, NY 12207

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DONOR REGISTRATION FORM

Name of Group/Individual: _____

Address: _____

Contact Person: _____

Phone: _____ E-mail: _____

I would like to:

Adopt a family (family size you hope to be matched with _____)

STATEMENT OF CONFIDENTIALITY

(I) (We) agree to maintain confidentiality of the family selected by your staff and will use the information given solely for the purpose of participation in the Adopt-A-Family Program.

Signature: _____ Date: _____

(I) (We) would like to take part in the delivery aspect of this donation: Yes No

OR

Make a donation by providing:

New unwrapped gift(s)

Having a Holiday Giving Tree

A service of _____

Monetary donation in the amount of \$ _____

If a monetary donation is preferred, please make check or money order payable to the Community Foundation of the Greater Capital Region (CFGCR) with Adopt A Family in the memo line - send no cash through the mail.

Please return via fax or mail to our location listed above.

For further information or questions, call Sherri Chromik at (518) 447-5659.



Daniel P. McCoy
Albany County Executive