



CHRISTMAS ADOPT-A-FAMILY
SPONSOR SIGN UP
PLEASE PRINT CLEARLY!!

Sponsor contact full name(s): _____

Business name (if applicable): _____

Address: _____
(street, city, state, zip)

Phone number: _____

Email Address: _____

I would like to adopt ___ family (or families) with ___ members.

Maximum of _____ people.

___ I would be willing to adopt a family that has adult children living in their home.

Example: 18 or 19 year old children.

Special notes:



Please return form to: Women and Children's Horizons
2525 63rd St. Kenosha, WI 53143
Attn: Lori Hanson/262-656-3500 ext. 103
email: lhanson@wchkenosha.org