ADOPT-A-FAMILY PROGRAM

SPONSOR INFORMATION

Please complete the following:

Sponsor

If County employee, please indicate Department/Section:

□**Individual** □**Company/Organization** □***Group***

_____

Mr./ Mrs. / Ms. **LAST** **FIRST** **M.I.**

Address_____

STREET **CITY** **ZIP CODE**

Contact Person for Group/Organization _____

LAST FIRST

Title:_____ Telephone Number: ( ) _____

Fax Number: ( ) _____ E-Mail _____

1. Would like to sponsor a family that lives in: *(indicate desired geographic location(s)*

□ San Gabriel Valley □ East Los Angeles □ West Los Angeles
□ Central LA-Hollywood □ Pomona Valley □ East San Fernando Valley-Glendale
□ Southeast County □ South Los Angeles □ South Bay-Long Beach
□ West San Fernando Valley □ Southwest County □ Lancaster-Canyon Country
□ *NO preference,* would like to donate where most needed.

2. Would like to sponsor: *(Specify desired number)* Total number of families

_____

Household size, please indicate:

□ 2 □ 3-4 □ 5-6 □ 7-8 □ More than 8

3. Would like my/our selected family to receive my/our gift as follows: *(check one)*

□ Sponsor will deliver in person
□ Gifts to be picked up by the family at District Office_____.
□ Other_____.

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For Group Sponsorship, list names of all participating Sponsors (use back of sheet if needed):

_____ _____ _____

_____ _____ _____

_____ _____ _____

Please return form to: L.A. County DPSS
Toy Loan and Volunteer Services Program
2615 South Grand Avenue, 2nd Floor
Los Angeles, CA 90007-2608
Tel (213) 744-4348
Fax (213) 743-9998
E-mail ***dpssvolunteers@dpss.lacounty.gov***