



ADOPT-A-FAMILY HOLIDAY PROGRAM

ADOPT-A-FAMILY APPLICATION 2011

Name of Group/Sponsor: _____

Name of Contact Person: _____

Address (Mailing): _____

City, State, Zip Code: _____

Contact Person Telephone Number: _____

Contact Person Email: _____

To better help us with your Adopt-A-Family wishes, please fill out questions below.

Number of Families Desired: _____

Size of Family Desired: **SMALL** **MEDIUM** **LARGE** **ANY SIZE** (circle one)

Please Note: *Delivery dates to **The Low Birth Weight Development Center** should be arranged anytime prior to December 9, 2011.

Fax this form to: 214-467-7007

Mail the Form to: LBWDC Adopt-a-Family 345 Calumet Ave Dallas, TX 75211

Once your form is received, you will be contacted with your family's information and wish list.

