ADOPT-A-FAMILY FOR THE HOLIDAYS

Albany County Department For Children, Youth & Families
112 State Street, 3rd Floor, Albany, NY 12207
CYFAdoptAFamily@albanycountyny.gov | Phone (518) 447-5580

DONOR REGISTRATION FORM

You can sign up as an individual, as a family or as a group!

Contact Person's Name: _____

Organization/Office: _____

Mailing Address: _____

Phone: _____ Email: _____

I would like to:

☐ Adopt a family for the holidays.

Each member of the family will have their own individual wish list. *Please keep in mind, not every item on the wish lists are expected to be purchased.*

- ☐ Please match me to a family of about _____ members.
- ☐ Please match me to multiple families. I can donate gifts for about _____ people.
- ☐ I would like to take part in the delivery of my holiday gifts.
  Note: Gifts must be delivered at least one week prior to the Christmas holiday (December 25).

☐ Provide one or more new, unwrapped holiday gifts.

I would like to help brighten a family's holiday season, but I can't buy for an entire family. Please let me know how I can pitch in!

☐ Make a monetary donation

Any monetary donation is greatly appreciated and helps us fill in the blanks for families in need. Send this completed form and a check or money order, payable to Community Foundation of the Greater Capital Region (CFGCR), with "Adopt-A-Family—DCYF" in the memo to:

Adopt-A-Family Program
112 State Street, Room 300
Albany, NY 12207
Please do not send cash in the mail.

STATEMENT OF CONFIDENTIALITY

I agree to maintain the confidentiality of the family selected for me. I will not use any of their information outside of the Adopt-A-Family holiday program. Anyone who participates along with me also agrees to this confidentiality.

☐ By checking here and signing below, I acknowledge this confidentiality statement.

Signature: _____ Date: _____

Contact us for further information or questions: (518) 447-5580 or CYFAdoptAFamily@albanycountyny.gov

Daniel P. McCoy
Albany County Executive