

Samaritan Center
 1310 E. McCarty St.
 Jefferson City, MO 65102
 Phone (573) 634-7776
 Fax (573) 761-5948

Christmas Adoption 2018

Name of Adopting Individual, Organization or Agency		
If you are a state agency, what is your department and division?		
Contact Person(s)		
Address (Street, City, State, Zip Code)		
Phone Number ()	Cell/Office Phone Number ()	Fax Number ()
Email Address		
If you choose to adopt an <u>INDIVIDUAL</u>, complete the following section		
Number of Individuals you will Adopt:		Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We WILL BE SHOPPING for our individual(s) gift and are sending \$35.00 per individual to Samaritan Center to cover a dinner card and fruit basket <div style="text-align: center; margin-top: 5px;"> We will deliver the gifts (check one) <input type="checkbox"/> to the Samaritan Center <input type="checkbox"/> to the individual </div> <input type="checkbox"/> We WILL NOT BE SHOPPING for our person(s), but will be sending \$50.00 per individual to cover a dinner card, fruit basket, and gift. <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Enclosed is my check for \$ _____ or <input type="checkbox"/> I will send my check by 12/1/18 </div>		
If you choose to adopt a <u>FAMILY</u>, complete the following section		
Number of Families you will Adopt:	Desired Family Size:	Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We WILL SHOP for our family(ies) and will deliver the gifts (check one) <input type="checkbox"/> to the family(ies) <input type="checkbox"/> to the Samaritan Center <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> will make arrangements for them to pick them up from us </div> <input type="checkbox"/> We WILL NOT BE SHOPPING* for our family(ies), but are sending a check for \$ _____ to cover the cost for a grocery food card and a gift(s) for each household member (see reverse for average amount per individual)		

I would like to make a **Donation** to this program, but would not like to adopt a Family or Individual.

Please Note:

- Gifts must be brought to the Samaritan Center no later than **12/10/2018**.
- Gifts must be delivered to the family no later than **12/14/2018**.
- The Samaritan Center staff is eager to assist you with your deliveries. Drive around to the back of the building between **8:00 am and 3:30 pm on M, T, W, and 8:00 am to 5:30 pm on TH and 8:00am to 12:30pm on F**. Ring the buzzer next to the door.
- If your delivery method should change, please let us know as soon as possible.

Our Commitment to the Individual(s) or Family(ies):

The Individual(s) or Family(ies) you've so graciously adopted is counting on you for Christmas. We can not emphasize enough the importance of following through with the adoption once your agency or family has committed itself. Santa doesn't disappoint the kids! If a problem arises, please contact us as soon as possible so we can make other arrangements.

 Contact Person's Signature

 Date

Example of Minimum Expectations for Family Adoption

Family of 5 – (2 Parents, 2 children under 12, and one child 15
Estimated cost \$180.00)

2 gifts for each child (12 or younger) averaging \$15.00 each (60.00)

1 gift for each parent and each child age 13-19 at \$15.00. (45.00)

A gift card to local grocery store for a Christmas meal at
\$15.00 per person (75.00)

Total for family is \$180.00