

**DONOR REGISTRATION
FORM**

2022 ADOPT-A-FAMILY

BUSINESS, GROUP, OR INDIVIDUAL COMMITMENT FORM

DATE: _____

PLEASE INDICATE DROP OFF LOCATION: St. Brendan's Church, 60 Turner Avenue, Riverside _____

First Presbyterian Church 4 Everett St, Newport _____

NAME OF COMPANY, GROUP, OR INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____ EMAIL: _____

CONTACT PERSON: _____ NUMBER OF STAFF: _____

NUMBER OF FAMILIES REQUESTED: _____ FAMILY SIZE DESIRED FOR EACH FAMILY: _____

COMMENTS: _____

I WILL HONOR OUR COMMITMENT TO THE ADOPT-A-FAMILY PROGRAM.

SIGNATURE OF REPRESENTATIVE



east bay community action program
THE BRIDGE to SELF-RELIANCE

MATCHED WITH FAMILY # _____

**EAST BAY COMMUNITY ACTION PROGRAM—OFFICE OF VOLUNTEER SERVICES
100 BULLOCKS POINT AVENUE – EAST PROVIDENCE, RI 02915—PHONE 435-7876 ext 1137**

adoptafamily@ebcap.org