



P.O Box 6917  
Detroit, MI 48206  
unitydetroit@hotmail.com  
(313) 989-7876

### ADOPT A FAMILY PROGRAM APPLICATION

Please complete application and mail in. Please include all other supporting documents with application. Application must be turned in by Saturday November 24, 2018. Incomplete applications will not be processed. For questions please contact us at (313) 989-7876

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

#### Please answer question completely

Have you been adopted by U.N.I.T.Y in the past? If so, what year? \_\_\_\_\_

How did you hear about U.N.I.T.Y Adopted Family Program? \_\_\_\_\_

In a few sentences, please share why you would like to be adopted this year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Nomination and Release

**(Each line must be checked to ensure you agree to terms)**

\_\_\_\_\_ I understand that there is no guarantee my family will be selected for the program.

\_\_\_\_\_ I understand the release of our photos are for U.N.I.T.Y's exclusive use to obtain future support and promote the future of the organization.

\_\_\_\_\_ I understand and allow U.N.I.T.Y to use first and/or last names of family members on website and promotion literature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY WISH LIST**

**Parent's Name:** \_\_\_\_\_

**Some donors have used clothing. Are you willing to accept used clothing? Yes or No**

**Household Wish List:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_ **Gender: Male or Female**

**Child's Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_ **Favorite Color:** \_\_\_\_\_

**Child's Wish List:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_ **Gender: Male or Female**

**Child's Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_ **Favorite Color:** \_\_\_\_\_

**Child's Wish List:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_ **Gender: Male or Female**

**Child's Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_ **Favorite Color:** \_\_\_\_\_

**Child's Wish List:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return application to U.N.I.T.Y P.O Box 6917 Detroit, MI 48206**