

PO Box 470188 Cleveland, Ohio 44147 216-202-5306 volunteer@thelittlestheroes.org www.thelittlestheroes.org

## **2021 ADOPT A FAMILY PROGRAM**

## Information for Donors

The Littlest Heroes' Adopt a Family program seeks donors to sponsor or "adopt" a family battling childhood cancer and other childhood illnesses by providing gifts and essential items during the holiday season.

If you would like to become a donor, please complete and return the Donor Registration Form to volunteer@thelittlestheroes.org or register online at thelittlestheroes.org/aaf. You may also mail the form us using the address above. Providing TLH with a completed Donor Registration Form will help us match donors and families appropriately and ensure we meet as many needs as possible. All gifts must be given to or picked up by TLH by Monday, December 6th therefore, please return your Donor Registration form as soon as possible.

Once your registration is complete, you will receive your adopted Family's Profile that provides information regarding the family you are sponsoring along with their sizes and 'wish list'. This is a list of ideas or items the family needs or is requesting. This list is meant to help you shop. It is neither expected nor required to purchase every item on the Family Profile.

If you would like to make a monetary donation towards gifts for your adopted family, The Littlest Heroes can do the shopping for you or work with the family to shop online from the safety of their home.

Once shopping is complete, <u>please contact us to arrange a drop off at The Littlest Heroes' office located in Solon</u>. If you are unable to drop the gifts at our office, we can arrange a pick up from you. We ask that all gifts come unwrapped. When possible and appropriate, providing the family with gift receipts is helpful should they need to exchange or return a gift.

In addition to the Donor Registration Form, attached is an In-kind Donation Form. We ask that you fill out this form, sign it, and return a copy to TLH for our records (feel free to use multiple sheets). You can keep the original as it can act as your tax receipt.

After the holiday giving, if the family has agreed to share pictures with us, they will be provided to you when available by email. We also appreciate any feedback you can provide as a donor.

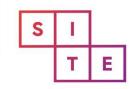
As always, please don't hesitate to call (or text) us at 419-376-8100 or email us at <u>volunteer@thelittlestheroes.org</u> with any questions. Thank you greatly for your generosity!

Together, we can ensure that no child fights alone!

















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## **2021 ADOPT A FAMILY PROGRAM**

## Donor Registration Form

Name:					<del></del>		<del> </del>		
Compa	ny Name:				· · · · · · · · · · · · · · · · · · ·				
Addres	s:								<del> </del>
City/Sta	ate/Zip:				<del> </del>				<del></del>
Work: _			Home	:		M	obile:		····
Email:					· · · · · · · · · · · · · · · · · · ·				
PREFE	RED METHOL	OF CO	NTACT?						
□ Worl	k Phone	□ Hor	ne Phone	□ Cell Pho	ne	□ Ema	ail		
	Y INFORMATION s typically sper		imately \$75-1	50 per family n	nember.				
>	*Is that a com	fortable s	pending rang	e for you? (circ	le one)		YES	NO	
>	*If not, would	you like t	o share a fam	ily with another	donor? (c	circle one)	YES	NO	
>	Which family I	nousehol	d size are you	interested in a	dopting?				
	□ 2-3		□ 3-4	□ 5-6	□ 6 <b>c</b>	or more			
>	How many far	nilies are	you looking to	o adopt?					
<u>OPTIO</u>	• .	nission to	•	e, as listed abov			•		ls.
	□ I prefer to I	remain a e to atten	nonymous. d the family gi	o in The Littlest ft pick up and r id, please let us	neet my fa	mily at the	Strongsvi	ille Mall on Ded	cember 12th from will be there.

Any additional information you would like us to know:





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Name:

Gifts	In	Kind	
Donati	ion	Forr	n

PLEASE COMPLETE THIS FORM WHETHER OR NOT A TAX DEDUCTIBLE RECEIPT IS DESIRED.

The information is required for our audit procedures.

The Littlest Heroes is a 501(c) (3) nonprofit organization. All contributions are fully tax deductible as allowed by law. We can only issue a tax-deductible acknowledgement letter if original receipts are provided. Please copy your receipts for your financial records.

Company:								
Address:								
City, State, Zip:								
one: Email:								
I do not need a tax receipt.								
I need a tax receipt and have a		ginal retail receipts to this form.						
Store Name or Item Description:	Amount before taxes	Store Name or Item Description:	Amount before taxes					
	\$		\$					
	\$		\$					
	\$		\$					
	\$		\$					
	\$		\$					
	\$		\$					
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	\$	Total Amount:	\$					
Donor's Signature:	I	Date:	<u> </u>					