



2020 Adopt a Family Sponsorship Application

Sponsor Name:		Date:
Organization:		
Address:		
City:	State:	Zip Code:
Phone: Home:	Office:	Cell:
Email:		
Additional Contacts:		
# Of Families Requested:	# Of Children:	Requested By: / /
<p><u>Special Requests:</u> Such as family members, child age range, boy/girl, etc.,</p> <p>*We will try to match as closely as possible, however, cannot guarantee exact match</p>	<hr/> <hr/> <hr/> <hr/>	



For Office Use Only			
Families Assigned	Code #	Date Assigned	Staff Name:
Date Items Received:	Date Receipt Given:	Receipt Given By:	

Email completed form to Olivia Arnold at oarnold@epuchildren.org or call 559-229-2000 ext. 136



www.EPUChildren.org

EPU is a nonprofit charitable organization,



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