

# Adopt-a-Family Program THE LEPRECHAUN FOUNDATION

7035 Columbia Road • Olmsted Falls, OH 44138 • 216-970-0618

Email completed form, as an attachment, to: [info@leprechaunfoundation.org](mailto:info@leprechaunfoundation.org)

Please print clearly if not completing this form electronically.

Hospital/Clinic \_\_\_\_\_ Family No. \_\_\_\_\_ Date \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact Information \_\_\_\_\_

Special Information \_\_\_\_\_

## Family Information & Gift Ideas

Last Name \_\_\_\_\_

Patient: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas \_\_\_\_\_

\_\_\_\_\_

Child: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas \_\_\_\_\_

\_\_\_\_\_

Child: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas \_\_\_\_\_

\_\_\_\_\_

Child: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas \_\_\_\_\_

\_\_\_\_\_

## Other persons living in home:

Mother: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Heritage \_\_\_\_\_

Gift Ideas \_\_\_\_\_

Preferred Food Store(s) \_\_\_\_\_

Father: Name \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Heritage \_\_\_\_\_

Gift Ideas \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Size \_\_\_\_\_ Gender: M  F

Gift Ideas: \_\_\_\_\_

*Please remember Christmas is mainly for children. However, the Leprechauns would like to be sure everyone has a present to open. DO NOT promise anything, donors do their best, but large ticket items are difficult.*