

# **2012 CHILD EASTER BASKET PROGRAM**

## **DONOR REGISTRATION FORM**

**\*Deadline to register for this program is Friday, March 9, 2012**

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Individual/Business/Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

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

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**How many children would you like to provide an Easter Basket to?**

(Please note depending on how many children you list, we will find an appropriate family or families to match.)

Please note that you will be mailed a child gift form for each child listing general information and what they would like included in their Easter basket by the week of March 16<sup>th</sup>. **Please note that all Easter Baskets must be delivered to our office by no later than Tuesday, 4/3/12 as we will distribute baskets to parent/guardians on Thursday, 4/5/12**

**Do you have a preference on specific ages or sex of the children you would like to adopt? Yes  No**

(Please note that we will try our best to accommodate you preferences, if possible but cannot guarantee this.)

If yes, please specify as follows: Boy  Girl  Ages: 1-5  6-8  9-12

**Please return this completed form, to: Cromwell Human Services, 41 West Street, Cromwell CT 06416 by no later than Friday, March 9, 2012,**

**If you have any questions, please contact us at (860) 632-3449.**