



## Arizona Informant Foundation Adopt-a-Family/Organization Nomination and Release Form

<b>Family/Organization Name</b> (To Be Listed on the Website)			
<b>Name:</b> Parents/Guardian or Program Director			
<b>Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone:</b>			
<b>Email:</b>			
<b># of members</b>			
<b>Will the Family / Organization allow direct contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will the Family or Organization be able to pick up their gift donations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please state reason for support?</b>			
<b>Please tell us of any other assistance receiving:</b> <i>(Grants, Federal/local assistance)</i>			

***Please read the following statements, initial each one, sign and date.***

\_\_\_\_\_ I understand that my family/organization has been nominated for the AZIF Adopt-a-Family/Organization program. I also understand that there is no guarantee that my family/organization will be selected for the program.

\_\_\_\_\_ I understand that if I am accepted I will inform other agencies to avoid duplicate assistance at the holiday and more families/organizations may be helped.

\_\_\_\_\_ I understand the release of our information and photos are for AZIF to use to obtain adoptive families/companies and to promote the future of the foundation.

\_\_\_\_\_ I understand and allow AZIF to use a photo of my family/organization on the website and newspaper.

\_\_\_\_\_ I understand and allow AZIF to use the first name of family members on the website. (If you prefer not to use the real names for the privacy of your child/client please indicate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date