

DLA Defense Depot San Joaquin MWR Adopt A Family 2024 Nomination Form

I wish to adopt a family:			I wish to nominate a family:	Family Number (office use only):
Name:	Phone:		Phone:	Email:
Ify			a family, ONLY complete the top portion and nily for adoption (to include your own), comple Nominations accepted 25 NOV – 10 DE	te the entire form and then submit.
Gifts will be drop-off and picked up on schedule. Please No Drop-ins to maintain confidentiality.				
Recipient Family Name:	Phone:			Email:
l l	Names	are kept coi	nfidential. Use form below to ident	ify the needs of the family.
**Nominations can only b	oe accept		lude children up to the age of 17 yrs old (18 if s t is for immediate family members that reside v	till attending high school). within the household of current DLA San Joaquin employees.
Family Gift Information				Family Number (office use only):
Child's First Name Only	Age	Gender	Recommended Toy(s)	Other Info (clothing/shoe sizes, sports, type of gaming system if requesting a game, etc)
	Please check this box to certify that the above children reside in the immediate home of a DLA San Joaquin employee			

