



Epsilon Sigma Alpha Adopt-A-Child 2009-2010

Chapter Name _____

Contact Name _____

Street Address _____

City/State/Zip _____

Phone Number _____

Email _____

Please check one:

Yes, our chapter would like to participate and keep the same child we had last year.

Name of child _____

Yes, our chapter will participate in the 2009 / 2010 Adopt-A-Child Program. Please assign us a new child.

Our chapter would be willing to support two students.

No, we will not be able to participate this year.

Please mail this form to the attention of Sherry McDavitt. If you have questions you can reach Sherry at smcdavitt@heartspring.org or 316-634-8791 or Suzanne at swalenta-baumann@heartspring.org or 316-634-8820.



8700 E 29th Street North, Wichita, Kansas 67226

Phone 316.634.8700 800.835.1043 www.heartspring.org