



# Adopt-A-Child

## Epsilon Sigma Alpha

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 2010 / 2011 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](mailto:smcdavitt@heartspring.org) or 316-634-8791. Suzanne can be reached at [swalenta-baumann@heartspring.org](mailto:swalenta-baumann@heartspring.org).



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