



Family Adoption Information

Date: _____ - _____ - 2021

PO Box 432
Marysville, OH 43040
937-303-9453
www.caretrain.org
adopt@caretrain.org

Contact Name: _____

Group Requesting Names: _____

Phone Number: _____

E-Mail Address: _____

Best Time to Contact: _____

Our Distribution process will continue as last year. You can help in one of two ways. Please check one option below:

1) If you would like to provide toys to a child(ren), we will provide names and wish lists for you to deliver directly to the family. We will not be holding _____ a distribution.

2) If you would like to provide a monetary donation, please visit our website _____ (www.caretrain.org) or mail to the Care Train office at the above address.

Number of children you wish to adopt _____

If requesting more than one child, we will try to provide children of the same family.