



**American Red Cross**

Colonial Crossroads Chapter  
www.ccnjredcross.org

**Summit Office**  
695 Springfield Avenue  
Summit, New Jersey 07901  
Phone: (908) 273-2076  
Fax: (908) 273-9103

**Madison Office**  
1 Madison Avenue  
Madison, New Jersey 07940  
Phone: (973) 377-0455  
Fax: (973) 377-2088

## Adoption Application Form

**Yes, I would like to help the Colonial Crossroads Chapter!**

**Name:** \_\_\_\_\_  
Please print as you would like your name to appear on t-shirt or certificate.

**Contact Person:** \_\_\_\_\_  
First name M. Last name

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) - \_\_\_\_\_ **Fax:** ( \_\_\_\_\_ ) - \_\_\_\_\_

**Email:** \_\_\_\_\_

<input type="checkbox"/> Adopt-a-Mannequin(Infant) for one year	\$50	×	_____	=	\$ _____
					Total
<input type="checkbox"/> Shelter an Individual for one night	\$75	×	_____	=	\$ _____
					Total
<input type="checkbox"/> Adopt-a-Mannequin(Adult) for one year	\$200	×	_____	=	\$ _____
					Total
<input type="checkbox"/> Shelter a Family for one night	\$300	×	_____	=	\$ _____
					Total

**Total Amount enclosed: \$** \_\_\_\_\_

Contact me for business logo

**Method of Payment:**

Check (make check payable to Colonial Crossroads Chapter ARC)

Credit Card

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name as it appears on the card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_