



WNYHeroes, Inc.
Supporting Western New York Veterans

8205 Main Street. Suite # 1
Williamsville, New York 14221
Phone: 716-630-5020 Fax: 716-630-5023
WNY Heroes, Inc. is a 501.3c non-profit organization.

Holiday “Adopt A Heroes Family” Application

Please fill out all sections of application so that we may be able to fulfill your wishes.

Last Name: _____ First Name: _____

Street Address: _____ City: _____

Zip: _____ County: _____ Age: _____ Marital Status: _____

Phone: (____) _____ Email: _____

Branch of Service: _____ Theatre(s): _____ Active Duty? ____

Length of Service: _____ Disabled veteran? ____

Combat Veteran? Y ____ N ____ *Purple Heart Recipient? Y ____ N ____ *Wounded? Y ____ N ____

*If ‘Yes’, please submit documentation to prove award.

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1. I give my consent for the sponsor who adopts my family to contact me directly with any questions:
Yes/No
 2. I am able to pick up our gifts from you at, 8205 Main Street, Suite #1, Williamsville, NY office:
Yes/No

Please list all immediate family members only in the household (children, step-children, parents/guardians). We ask that you indicate the relationship to the Veteran

Note: This program does not include extended family or non-dependent children. Must show proof of **birth certificate** and **marriage license** If no certificates for each are submitted, application will be refused for adoption.

- Initial: ____ I understand as the Veteran, I must be the one to apply for this program in person, with proper ID in order to be considered.
- Initial: ____ I understand that participating in this program, we are allowed no more than three (3) years

First Name ONLY

Gender

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Christmas List for Children

Please be very **SPECIFIC** and list **ALL** items your children would like/need so we may be able to fulfill as many of their wishes as possible.

* Child's First Name: _____ Age: _____

Toys/Books/Hobbies/Interests/Videos/etc. _____

Clothing/Shoes/Bedding/etc. – We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable):

* Child's First Name: _____ Age: _____

Toys/Books/Hobbies/Interests/Videos/etc.: _____

Clothing/Shoes/Bedding/etc. - We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable):

* Child's First Name: _____ Age: _____

Toys/Books/Hobbies/Interests/Videos/etc.: _____

Clothing/Shoes/Bedding/etc. - We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable):

* Child's First Name: _____ Age: _____

Toys/Books/Hobbies/Interests/Videos/etc.: _____

Clothing/Shoes/Bedding/etc. - We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable):

I understand that large items such as the following listed below will NOT be considered. If this is what you want, then clearly you are not in need. Please initial next to each, to show that you did read this. If it is not done, your application will be returned until you have.

- _____ TV
- _____ Laptop/Desktop Computer
- _____ Stereo
- _____ iPad
- _____ Jewelry
- _____ Vacations

Wish List for Adults

Many people know that most parents will not ask for anything for themselves, but they want the parents to experience a nice holiday too, and ask **“What do the adults need?”**

(If in need of sheets, towels, curtains, etc., please **specify sizes, colors.**)

Ladies: Name: _____

Clothing/Shoes/Linens/Other: We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable)

Gentlemen: Name: _____

Clothing/Shoes/Linens/Other: We need to know Sizes/Colors! (Include waist/length for pant sizes, if applicable)

For your Household:

Please list any personal items needed: toothbrushes, toothpaste, soap/shampoo-conditioner/etc. and any household cleaning/laundry, etc. products that might also be helpful for your household.

Specify brand/type, if you have a preference:

Also, please include a note if there are any family members with allergies to any products (cleaning/food).

* I understand that this program is **STRICTLY** for veterans and active military and their immediate family (not extended family) and by submitting this request, I am confirming truth to my being eligible. *

- AND -

* I understand that I need to submit a new copy of my **DD-214 (Member 4 copy)** or documentation showing that I am on active duty each year to be eligible for the “Adopt-A-Veteran Family” program. If I do not provide proper documentation, I will not be eligible to receive any gifts. *

- AND -

* **The “Thank You” correspondence letter on the following page is required by our auditors to ensure that gifts were delivered. If a letter is not received by WNY Heroes, Inc., my request for ‘Adopt A Heroes Family’ cannot be granted for the following year. We appreciate your assistance.**

Signature: _____

Date: _____

Please include “Thank You” Correspondence letter (on next page) when sending application in.

Fax: 716-630-5023 **Email:** Heroes@wnyheroes.org or **Mail to:**
WNY Heroes, Inc., 8205 Main Street, Suite #1 Williamsville, NY 14221



WNYHeroes, Inc.
Supporting Western New York Veterans

“Adopt A Heroes Family” Correspondence

Please fill out the top portion of the ‘Thank You’ Correspondence letter at this time, and return it with your application. You will be able to complete it when you receive your gifts. Thank you for your assistance.

Name: _____ Age: _____

Street Address: _____ City: _____

Zip: _____ County: _____ Phone: (____) _____

Branch of Service: _____ Active Duty: Y ___ N ___

Length of Service: _____ Theatre(s): _____

Combat Veteran? Y ___ N ___ Disabled veteran: Y ___ N ___

Purple Heart Recipient? Y ___ N ___ Wounded? Y ___ N ___

I, _____, am writing to say ‘thank you very much’ for the gifts my family has received from your organization on (date) _____.

Sincerely,
