



Adopt-a-Resident AND/OR Adopt-an-Employee to begin July 1 – June 30 Annually

*The P.E.O. Home Board of Directors invites your chapter to consider
adopting a Resident or an **Employee** of the P.E.O. Home.*



Please read carefully and know these program guidelines:

★ Residents and Employees are assigned for **one year** beginning July 1 – June 30. **You may request a previous Resident or Employee, but there is no guarantee as names are assigned in the order received.** NOTE: Should the status of the Resident or Employee change, you will be notified.

★ You will receive a “bio” sheet along with your confirmation of Adoptee(s) to assist with important dates, likes, interests, etc. The designated sister, from your chapter, will receive this information within one week of receipt of your form.

★ Your chapter should designate a sister(s) to contact your assigned Resident or Employee at least four times a year – birthday, holidays, special days, or “just because”.

★ Suggested remembrances are: cards, notes, small gifts and/or visits

★ **If you mail a larger envelope or package, be sure it is weighed at the Post Office so the chapter applies the appropriate amount for postage. If ordering online, your package can be sent directly to The Nebraska P.E.O. Home – in the name of the Resident OR Employee.**

Please complete and mail the ADOPT REQUEST FORM ONLY by July 1.

Send Adopt Form only to:

ADOPT

413 North 5th Street

Beatrice, NE. 68310-2902

Always send Resident and Staff Gifts or cards WITH HER/HIS NAME ON IT to:

P.E.O. Home, “name of adoptee”

413 North 5th Street, Beatrice, NE 68310-2902

Our Chapter will: (choose one or both) _____ adopt-a-resident _____ adopt-an-employee
at the P.E.O. Home for a one-year commitment beginning July 1st each year.

Chapter Letters _____ City _____ Contact Phone # _____

Contact Name _____ Email Address: _____

Contact Address _____

Name of Requested Resident or Employee _____

Another Resident or Employee will be assigned if your request is not able to be honored.

--In the event of a Resident or Employee leaving the Home, you will be notified.

Signature _____ Date _____