

Abundant Hope International
PO Box 3055
Shiremanstown, Pa 17011

Adoptive Family Information

Name _____
Street _____ City _____
State _____ Zip _____ Country _____
E-Mail _____
Phone _____ 2nd Phone _____

We would like to get to know you a little better! On the back of this page please give us a few sentences about yourself, including interests, hobbies and talents.

Abundant Hope International is a Christian Bible based organization. It is our policy not to actively evangelize to the Holocaust Survivors we meet, visit and sponsor through 'adoption.' We advocate praying for them, providing needed goods as funding allows and showing compassion and love as commanded in God's Word. We believe the Holy Spirit will guide and teach them in knowing their Jewish Messiah. In accordance with what Abundant Hope International believes and is actively doing, we would appreciate your agreement and cooperation as we seek to love every Holocaust Survivor as set forth in Isaiah 61:1b – 3, 7.

~~~~~

I understand this is a serious commitment and I agree to abide by the policy of Abundant Hope International in not sending anything contrary to the guidance set forth here in this statement. I understand this means not sending any evangelistic literature, pushing my survivor to become a Christian or writing to them in a manner that is forcing my religious beliefs on them. I also agree to be faithful to bless them with some form of communication a minimum of once every month.

I understand and agree to pray for my survivor daily in whatever manner the Lord leads. I understand I may write to them about what the Lord is doing in my life, encourage them to read their Torah and let them know I care about them. I also understand I am free to answer any questions FIRST posed to me by my Holocaust Survivor concerning Salvation, Y'shua, the Bible or information related to these subjects. I agree to allow the Holy Spirit to be the One who speaks to and guides the Holocaust Survivor entrusted in my care. I also understand if I am not willing to abide by these rules, I will surrender my right to have contact through Abundant Hope International with the Holocaust Survivor assigned to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* below line for office use only \*\*\*\*\*

Survivor Name \_\_\_\_\_ Gender \_\_\_\_\_ F M  
Address \_\_\_\_\_  
Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

Adoption Date \_\_\_\_\_

Please feel free to use any amount of room you need to tell us a little about yourself. If you use an additional sheet, be sure to attach them together.

How did you first hear about our program?

Church/Congregation/Temple Affiliation: \_\_\_\_\_

Interests, Hobbies & Talents:

Family/Testimony: