



## AMERICA SUPPORTING AMERICANS: ADOPTION AGREEMENT FORM FOR CITIES

Congratulations on your community's decision to adopt a unit through the ASA program! We are delighted you have chosen to join the ASA adoptive family. Of course, we believe you could not have found a more wonderful way to support the men and women of our armed services, and we expect you will find it just as rewarding to your community as it will be to the members of the unit, ship, or squadron you have adopted.

In order to finalize this process, we ask that you fill out, sign, and return this form, together with your community's Adoption Resolution, to ASA's office in California:

Linda Patterson  
America Supporting Americans  
P.O. Box 574  
Pacific Palisades, CA 90272

If you have any questions, please direct them to Linda Patterson at (310) 459-5625. Linda's email address is [artavia101@earthlink.net](mailto:artavia101@earthlink.net). Thank you!

It is hereby agreed that (city/state): \_\_\_\_\_ is adopting the following unit, \_\_\_\_\_, through the *AMERICA SUPPORTING AMERICANS (ASA) Adopt-a-Unit Program*. It is further agreed that our community will regularly engage in activities designed to support this unit. We have chosen a primary and secondary contact person for this program. We understand that at least one of these people must be a city employee who can receive information, mailings, phone calls, and email through city hall, or a comparable official administrative location for our community.

The primary contact person in our community for this program will be:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ This person is a city employee whose contact information, as listed above, corresponds to an administrative office for our municipal government.

Our secondary contact person will be:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ This person is a city employee whose contact information, as listed above, corresponds to an administrative office for our municipal government.

The name(s) of our local newspaper(s) is (are) \_\_\_\_\_

The name(s) of our local radio stations(s) is (are) \_\_\_\_\_

We agree to remain in contact with ASA, providing ASA with any changes in the above information, and returning to ASA the Adoption Update Forms which will be sent to us by ASA on a semi-annual basis. ASA may include the name of our community in the list of adoptive communities on the ASA website. In promoting or publicizing this adoption or adoption related activities, through whatever media, we will, if possible, include the fact that we adopted this unit through *AMERICA SUPPORTING AMERICANS*. We also agree that at least one of the two contact people for this adoption will always be a city employee who can be reached as described in the printed paragraph above.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Mayor (or comparable civic official)

Date: \_\_\_\_\_ Accepted: \_\_\_\_\_

For *AMERICA SUPPORTING AMERICANS*