



AHI Application to Adopt a Holocaust Survivor

Adoptive Family Information

Name _____

Street _____ City _____

State/Province _____ Post Code _____ Country _____

Email _____ Birthdate _____

Phone _____ 2nd Phone _____

Abundant Hope International (AHI) advocate showing Holocaust Survivors compassion and love, providing needed services and goods as funding allows and praying for them as commanded in God’s Word. We believe HaShem will guide them and teach them. AHI has the policy not to actively evangelize to the Holocaust Survivors we meet, visit and sponsor through ‘adoption.’ In accordance with what AHI is actively doing, we appreciate your agreement and cooperation as we seek to love every Holocaust Survivor, without conditions, 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 religious or evangelistic literature, not pushing my Survivor to accept my beliefs 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 a month. I agree not to use their pictures on social internet sites such as Facebook, not use their images for personal fundraising nor exploit them in any manner. I agree to stand in the gap as guardian and do my best to protect them from harm.

I understand I am encouraged to pray for my Survivor daily as God leads. I understand I may write to them about what Adonai is doing in my life, encourage them to read their Torah and Tanakh 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 Adonai, scripture or information related to these subjects. I agree to allow HaShem to speak to and guide the Holocaust Survivor entrusted to my care and trust the Coordinators concerning the visitation of my Survivor. I also understand if I am not willing to abide by these rules, I will surrender my right to have contact through AHI with the Survivor assigned to me.

Signature _____ Date _____ Circle Preference: Man Woman Couple

How did you first hear about the AHI Survivor program? _____

Religious affiliation, if any _____

Interests, hobbies, talents _____

Please use the back or an additional page to tell us a little about yourself _____

Fill in the application and send it by email: adopt@ahi-il.org OR by post (USA & Intl) to:

AHI c/o Nancy Kurtz, 210 Greenwood Dr., New Cumberland, PA 17070 USA

Phone: 1-717-592-0859

For Office Use Only:

Survivor Assigned _____ Date Assigned _____