



CHILD SPONSOR FORM

Donor – sponsor Information:

Name: _____

Address: _____

Phone number: () - _____ E-mail: _____

Preferred method of Contact (check one): Phone E-mail

Child's Name (If applicable): _____

Child preference: Boy Girl No gender preference
 Under 10 Over 10 No age preference

Method of Payment:

Check:

Check number: _____

Amount: _____

By – yearly (\$ 210.00) yearly (\$420.00) monthly (\$35.00)

Credit Card (PayPal):

Type of Credit card:

VISA MasterCard Discovery

Name on the Card: _____

Credit card number: _____ 3 – Digit code _____

Expiration date ____/____ Amount of Payment _____

Signature _____ Date ____/____/____

