

SPONSORSHIP FORM



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Name: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Telephone (home): _____ Telephone (business): _____

Fax: _____ E-Mail: _____

Preferred Method of Payment:

I will sponsor _____ child(ren). For a total of \$ _____ to be paid: monthly yearly

I (we) plan to make a monthly contribution in the form of:

Cash Check Credit Card Monthly Automatic Withdraw

Credit Card Number: _____ Exp. Date: _____ CVS: _____