

CHILD SPONSORSHIP

Name _____

Address _____

City / State / Zip _____

Phone Number _____ Email _____

Name of child/children, country, name of home _____

\$30 each month provides for basic subsistence for one child.

Debit Credit Circle one: MC / Visa / Discover Exp Date ____ / ____ . ____

Account Number _____ Security Code _____

of children (check one:) one __ \$30 two __ \$60 three __ \$90 other __ \$ _____

Total monthly donation \$ _____

The monthly amount will be drawn from your account on or around the 5th day of the month. This amount will continue to be drawn from your account until you contact Children's fund to inform us that you no longer wish to continue. Your contribution is tax deductible and an annual record of your contributions will be sent to you at the address you have provided.

Signature _____ Date _____

Please keep a copy of this form for your records.