

CHILD SPONSORSHIP

Feu de Joie, HAITI

Sponsor Name _____

Address _____

City / State / Zip _____

Phone Number _____ Email _____

Name of Child / Children _____

Remarks or special instructions _____

\$50 each month provides for the basic needs of one child.

Check one: Debit Credit Circle one: MC / Visa / Discover / Amex Exp: ____ / ____

Account Number _____ Security Code _____

Number of children to be sponsored __ x \$50 = \$_____ + other \$_____ (explain in remarks)

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 contributions are 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.