

DONATION FORM

PLEASE MARK ONE

- Child Sponsorship Program (CSP) 7 years Program: \$135.00/child/year
- Special Sponsorship Program (SSP) 6 years Program: \$310.00/child/year
- General Donation

Name of the Sponsor/Donor

Name of the Stipend (CSP/SSP)

You can dedicate the stipend in the name of a loved one: mother, father, child, spouse, etc. If you do not mention any name, we will automatically name the Stipend after the Sponsor's name.

Street Address of the Sponsor/Donor

City

State/Province

Zip/Post Code

Country

Home Phone

Cell/Work Phone

Email Address

DONATION:

Child Sponsorship Program (CSP): Total Children.....x135x.....Year = \$.....
(Minimum One Year)

Special Sponsorship Program (SSP): Total Children.....x310x.....Year = \$.....
(Minimum One Year)

GENERAL DONATION:

\$5000 \$3000

\$1000 \$500

Other.....

Special Instructions (if any)

(If you select a particular child from our waiting list, please write the child's name & ID Number)

Referred by (if any):

Donor's Signature

MM / DD / YYYY

Date

DO NOT WRITE BELLOW

OFFICE USE ONLY

Name of Child

Child ID Number