



## DONATION FORM

Date: \_\_\_\_\_

**Check one:**

- Sponsor a primary child or shared sponsorship of a secondary child:  
\$37.50/month  \$450/year
- Sponsor a secondary child: \$75/month  \$900/year
- Contribute \$\_\_\_\_\_ to be used where needed most

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**Name**

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**Address**

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**City**

**State**

**Zip Code**

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**Phone Number**

**Email Address**

**Method of Payment (check one):**

- One-time Credit Card Payment **or**  Automatic Monthly Credit Card Transaction  
Check one:  Visa  Discover  MasterCard  American Express

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**Credit Card Number**

**Expiration Date**

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**Notes** \_\_\_\_\_

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