



GIVE A KID A CHANCE

A Child Sponsorship Program

SPONSOR INFORMATION SHEET

Your Name: _____

Your Address:

Phone #: _____ Cell #: _____

Email address: _____

I want to support a child for:

Basic Level at \$14.00 per month

ChancePlus Level at \$25.00 per month

Please list your preference: Boy Girl Most needed.

My Commitment.

By completing and signing this form I understand that I am committing myself to a one-year sponsorship at the level I have indicated. I understand that I am responsible to make monthly support (or lump sum) payments.

Signed: _____

Date: _____