

# Sponsorship Form

Yes! I am interested in sponsoring a child in India for only \$35.00 a month.



Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone \_\_\_\_\_

An Email address is required to access your account on our website \_\_\_\_\_

Child Preference: Male \_\_\_\_\_ Female \_\_\_\_\_ No Preference \_\_\_\_\_ Approximate Age \_\_\_\_\_ No Preference \_\_\_\_\_

## Please check a payment plan:

### Automatic Draft From Your Checking Account

Submit a voided check along with this signed authorization. I authorize Holiday Park Church of Christ-India Fund to draft my checking account on the 10<sup>th</sup> of the month in the amount of \$ \_\_\_\_\_ until further notice.

Authorized Signature \_\_\_\_\_

### Visa or Master Card

I authorize the Holiday Park Church of Christ-India Fund to charge my account \$ \_\_\_\_\_ on the 10<sup>th</sup> of the month until further notice.

Card \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

V Code, (last 3-digits on back of card) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### Personal Check (Enclosed)

Please check payment term:

\_\_\_\_ Monthly \$35.00    \_\_\_\_ Bi-Monthly \$70.00    \_\_\_\_ Quarterly \$105.00    \_\_\_\_ Semi-Annually \$210.00

\_\_\_\_ Annually \$420.00

Due by the 10<sup>th</sup> of the month and made payable to:

Holiday Park Church of Christ-India Fund or (HPCof C-India Fund), PO Box 751, Monroeville, PA 15146

## For our records please complete:

Church affiliation \_\_\_\_\_

How did you hear about James Connection? \_\_\_\_\_

Please mail this completed form to HPCofC-India Fund, PO Box 751, Monroeville, PA 15146. For more information or questions please contact Beth Weber at (412) 419-4614 or [sponsor@jamesconnection.org](mailto:sponsor@jamesconnection.org).

*Thank you for changing the life of a child!*