



**Student:
ID:**

SPONSORSHIP FORM

NAME:		PHONE:
EMAIL:		
BILLING ADDRESS:		
CITY:	STATE	ZIP CODE:
CHURCH AFFILIATION:		

METHOD OF DONATION		
<input type="checkbox"/> CHECK (attached)	<input type="checkbox"/> CREDIT / DEBIT CARD*	<input type="checkbox"/> ELECTRONIC FUND TRANSFER**
DONATION FREQUENCY		
<input type="checkbox"/> \$40 MONTHLY	<input type="checkbox"/> \$480 ANNUALLY	
TOTALS		
_____ X Number of sponsored children =	\$_____	TOTAL DONATION

*PAYING BY CREDIT CARD				
NAME AS ON CREDIT CARD:				
BILLING ADDRESS:				
CITY:	STATE:	ZIP:		
CREDIT CARD TYPE:	<input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CREDIT CARD #	EXPIRATION:	CVV:		

** PAYING BY MONTHLY FUNDS TRANSFER FROM YOUR CHECKING ACCOUNT: IF PAYING BY ELECTRONIC FUNDS TRANSFER, PLEASE MAIL OR SEND TO OUR SECURE FAX A CHECK FROM THE CORRECT ACCOUNT MARKED AS "VOID".

MAIL COMPLETED FORM TO:
EWO, 338 S. Sharon Amity Road No. 280
Charlotte, NC 28211

Email: joan@ewohaiti.org

Online: www.ewohaiti.org