

# Malawi Sponsorship Form

1 **Sponsor Information:**

I am  an individual sponsor.

a group sponsor.

2 **Child I want to sponsor:** *(print)*

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Or  Choose a child for me.

3  **School** (\$50/month or \$25/month)

**School necessities** (\$20/month)

**Food** (\$32/month)

4 **Contact Information:** *(print)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

I'm 18 or older.

I'm under 18 (Signature of parent required)

Street / PO Box \_\_\_\_\_

City: \_\_\_\_\_

State / ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5 **My monthly donation will be:**

6 **Payment Information:**

Cash  Check *(payable to Light of Life Ministries, Inc.)*  Credit Card *(please fill out form on page 2)*

7 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Credit Card Information:

Monthly payment: Charge my credit card this amount: \$

Preferred date of the month:  1<sup>st</sup>  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>

One-time payment: Charge my credit card this amount: \$

Credit Card Number:

Expiration Date:  /

Security Number:  (3 digit number on the back of the credit card)

Name on Credit Card *(please print)* \_\_\_\_\_

**Note:** We are processing credit cards through Bouchard Physical Therapy Services (a division of Light of Life Ministries, Inc.) in order to eliminate overhead cost.

Please notify us within 10 days to inform us of any changes or cancellation to your payment agreement. Thanks!

I hereby authorize Light of Life Ministries to charge the amount indicated above to my credit card.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date