

SPONSORSHIP FORM

YES, I want to sponsor a child:

With co-sponsorship at \$25.00 per month

Other sponsorship at \$_____ per month

A Boy

A Girl

Both

Either

Name

Address

Phone

Email

Method of Payment: Check Automatic Monthly Withdrawal*

*we will contact you to set up automatic monthly withdrawal payments.

Make checks payable to: My Father's Home

Please mail this response form to:

My Father's Home
P.O. Box 738
Snohomish, WA 98291-0738

Thank you for your support!