

Share the Gift of Sponsorship Form * - required fields

Your Information

First Name*:

Last Name*:

Preferred Gender*:

- ☐ Boy
☐ Girl
☐ Either

Street:

Street 2:

City:

Prov/State/Region:

Preferred Country*:

- ☐ Kenya
☐ Sierra Leone
☐ Uganda
☐ Democratic Republic of Congo
☐ Wherever the need is greatest

Postal/Zip/Postcode:

Country*:

Email*:

Phone:

Monthly Sponsorship Amount*:

- ☐ Basic sponsorship \$30 USD/month: covers food **or** education fees
☐ Full sponsorship \$75 USD/month: covers food **and** education fees (partial or full)
☐ I would like to give a one-time payment of: _____

Gift Recipient's Information

☐ I would like to share the gift of child sponsorship with:

First Name*:

Last Name*:

Street:

Street 2:

City:

Prov/State/Region:

Postal/Zip/Postcode:

Country*:

Email*:

Phone:

*The personal information you share with us will be used to manage your sponsorship and provide you with opportunities to help children. It will not be sold, traded or rented to any other organization. Please see our Privacy Policy for details.

Please print and mail this completed form along with your check(s) to:

Orphanages for Africa - U.S.A.
P.O. Box 44294
Washington, D.C. 20026-4294
United States of America