

CALVARY OF ALBUQUERQUE GLOBAL ADVENTURES CHILD SPONSORSHIP FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ E-mail Address: _____

CHILD SPONSORSHIP SELECTION: *Please check the country of your choice and write in the number of children of each gender you desire to sponsor.*

- | | | | | |
|--------------------------|--------------|--------------|---------------|---------------------|
| <input type="checkbox"/> | Uganda: | _____ boy(s) | _____ girl(s) | _____ no preference |
| <input type="checkbox"/> | Philippines: | _____ boy(s) | _____ girl(s) | _____ no preference |
| <input type="checkbox"/> | Mexico: | _____ boy(s) | _____ girl(s) | _____ no preference |
| <input type="checkbox"/> | Thailand: | _____ boy(s) | _____ girl(s) | _____ no preference |

PAYMENT AMOUNT AND PAYMENT METHOD: *The minimum suggested donation amount is \$30 per month per child. Please complete the following:*

Amount per child per month _____ x # of children _____ = _____
total monthly amount

Child sponsorship may be paid by check, money order, or by enrolling in the monthly credit card or automatic withdrawal plans. If paying by check or money order, please enclose the check or money order made payable to Calvary of Albuquerque with this form. Checks and money orders should be received by the 10th of every month. If enrolling in the credit card or automatic withdrawal plan, please complete the information below.

Method of Payment: _____ check _____ money order _____ credit card _____ automatic withdrawal

Credit Card Information: *The first credit card billing will be done the first day of the month following the receipt of this form. The credit card will continue to be billed the first day of every month until cancelled by the card owner with the Calvary of Albuquerque accounting office.*

Card Type: _____ VISA _____ MC _____ DISCOVER Amount: \$ _____

Card Number: _____ Expiration Date: _____

Signature: _____

Automatic Withdrawal:

I (we) hereby authorize Calvary of Albuquerque to initiate debit entries to the account specified, on the 5th day of each month, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account specified. This will remain in effect until Calvary of Albuquerque has received written notification from me (us) 30 days prior to requested termination. I (we) agree to indemnify and hold Calvary of Albuquerque harmless from and against any errors or claims relating to this transaction.

Name(s) as printed on account _____

Signature _____ Date _____

Please attach a **VOIDED CHECK** to this form. The first draft will be done the 5th day of the month following receipt of this form. If the 5th of the month falls on a Saturday or Sunday, then the draft will be effective the following Monday. Your account will continue to be drafted on the 5th of every month.

Please mail this completed form to Calvary of Albuquerque, Accounting Office, 4001 Osuna Rd. NE, Albuquerque, NM, 87109. For more information please call the GA office at 338-3680.