



## Arlington Academy of Hope Child Sponsorship Application

**Yes**, we want to sponsor a child at AAH and help provide Ugandan children in need a quality, well-rounded education and basic healthcare.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Please indicate number of children you wish to sponsor: \_\_\_\_\_

Payment Method: (choose one)  \$300 enclosed or  \$25 monthly by credit card

Once your application and first payment are received, we will send you a photo and profile of your child, guidelines for the Child Sponsorship Program, deadline dates for letter exchanges and other important information about the program.

### Special Requests for Sponsorship

Please indicate below if you have a gender and/or age range preference. We will do our best but because of changing needs at the school we cannot guarantee to meet your request.

1<sup>st</sup> sponsored child:  male  female Age:  6-8  9-11  12-15  any age

2<sup>nd</sup> sponsored child:  male  female Age:  6-8  9-11  12-15  any age

3<sup>rd</sup> sponsored child:  male  female Age:  6-8  9-11  12-15  any age

I have no preference – please match me with the child most in need.

**I pledge to do my best to fulfill this child sponsorship commitment for one year:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Donations

VISA  MasterCard Amount \$ \_\_\_\_\_

Acct. # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Monthly sponsors are billed on an ongoing basis and may cancel their credit card payments at any time.

Please make checks payable to Arlington Academy of Hope and return with this form.

**Thank You!**

FOVFRS