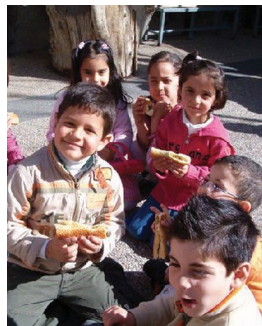


# Sponsorship Form

## Global Ministries Child and Elder Sponsorship Program

### Sponsorship Centers and amount per month

- Use where most needed for a child or elder     \$30     \$35     Other \$ \_\_\_\_\_
- \$35 – Ajyal “Generations” Senior Care Program, Bethlehem  
 \$30 – Armenian Missionary Association of America, Armenia  
 \$35 – Dumaguete Kalauman Center for Development, Philippines  
 \$30 – Elim Home, China  
 \$35 – Family Village Farm (Pannai), India *Child Sponsorship*  
 \$35 – Family Village Farm (Pannai), India *Elder Sponsorship*  
 \$25 – Family Village Farm - King’s Matriculation Day School, India  
 \$30 – House of Hope, Haiti  
 \$30 – Lephoi Centre for Learners with Visual Impairment, Botswana  
 \$30 – Mount Olivet Boys’ Home, Jamaica  
 \$30 – Pringle Home for Children, Jamaica  
 \$30 – Rawdat El Zuhur School, E. Jerusalem  
 \$30 – Sermey Thoesam School, India  
 \$30 – Sonada Refugee Camp, India  
 \$35 – Tibetan Children’s Village, India  
 \$30 – Tibetan Refugee Self-Help Centre, India *Child Sponsorship*  
 \$30 – Tibetan Refugee Self-Help Centre, India *Elder Sponsorship*  
 \$30 – United Church of Christ in Zimbabwe Children’s Program  
 \$30 – Union of Armenian Evangelical Churches Children’s Program



Please print:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

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

I/We choose to donate \$ \_\_\_\_\_  per month     One Time Donation

I/We also understand that if we choose automatic gifts, the gifts will continue until we cancel in writing (30-day notice required).

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Options

- Check made payable to **Global Ministries**  
 Automatically charge my checking/savings account (*please include a voided check*)  
 Automatically charge my credit card:     Visa     MasterCard     American Express     Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Automatic Gift Date (*choose one*)     1st of the month     15th of the month

Frequency (*choose one*)     Monthly     Quarterly     Semi-Annually     Annually

Start Date (*month, day, year*) \_\_\_\_\_

Cardholder’s Name (*please print*)

\_\_\_\_\_

Signature \_\_\_\_\_

Send completed form and payment option to: Global Ministries Child and Elder Sponsorship Program, P.O. Box 71957, Cleveland, OH 44194