



local (425) 614-3938
toll-free (866) ADOPTED
16301 NE 8th Street
Suite 261
Bellevue, W A 98008 USA
www.lifesvision.org

Child Sponsorship Application

Your Name(s) _____

Address _____

Phone _____ Email: _____

Please tell us about your desire to sponsor a child.

I am interested in sponsoring _____ child(ren). (Please indicate 1st, 2nd and 3rd choices)

0-1 yrs _____ 2-3 yrs _____ 4-5 yrs _____ 6-8 yrs _____

9-11 yrs _____ 12-14 yrs _____ 15-17 yrs _____ 18-21 yrs _____

Boy _____ Girl _____ No Preference _____

Country(s) preferred: Africa _____ India _____

Vietnam _____ No preference _____

I agree to pay \$29 per month for each child I sponsor. I am committed to providing this gift for no less than one year.

I would like to give this gift:

Monthly ____ (\$29) Quarterly ____ (\$87) Semi-annually ____ (\$174) Annually ____ (\$348)

____ Please bill my credit card \$ _____ per the payment plan above. (Need credit card info below)

____ I will pay \$ _____ by credit card on line at www.lifesvision.org per the payment plan above.

____ I will pay \$ _____ by check per the payment plan above.

Signature

Date

Signature

Date

Credit Card Information: Number: _____

____ Visa

Expiration date: _____

____ Mastercard

Name on card: _____