

Donation Form

Please PRINT the Primary contact for all correspondence.

Name/Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

E-Mail: _____

This gift is for: _____

(Memo)

Student Support

of student(s) sponsored: _____

Student Support level of sponsorship:

Half (\$.50/day)

Whole (\$1.00/day)

Frequency of Giving: One-time

Monthly

Quarterly

Annually