

# I WANT TO BE A CHILD SPONSOR !

Please complete this form and return it to the FLM Office for our records. This form will be placed in your Child Sponsor File so that we will have a record of your personal information, method of payment and the amount of financial assistance you have agreed to provide for your sponsored child.

Name of Child Sponsor: \_\_\_\_\_

Street  
Address: \_\_\_\_\_

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

Phone:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

How did you learn about Por Los Niños? \_\_\_\_\_

I prefer to sponsor: A Girl \_\_\_\_\_ A Boy \_\_\_\_\_

Age Range I would prefer: \_\_\_\_\_

\*FLM can not guarantee to have a child available for sponsorship that meets your exact preference but we will try to pair you with a child that closely matches.

**METHOD OF PAYMENT:** \_\_\_\_\_ Check \_\_\_\_\_ Automatic Bank Draft (Please enclose form)

I wish to donate: \_\_\_\_\_ \$50 Per Month \_\_\_\_\_ \$25 Per Month \_\_\_\_\_ \$ Other

I will Contribute: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

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**While Child Sponsors are not required to provide more than their monthly financial gift to their sponsored child, they are given the opportunity to participate in the following. Please indicate any of the following special needs or events that you wish to participate in so that FLM provide you with the necessary information and to provide information helpful FLM in planning for the needs of your child.**

\_\_\_\_\_ I also wish to be a Clothing Amigo to my Sponsored Child: • At this time our clothing amigo program is full but by checking here you will be put on a backup / waiting list and will be notified when a slot is available.

\_\_\_\_\_ I wish to provide funding for school uniforms for my sponsored child. Please send me a notice when this is needed.

\_\_\_\_\_ I wish to provide Birthday Gifts for my Sponsored Child.

\_\_\_\_\_ I would like to travel to Honduras to meet my sponsored child in the future.

**Please return this form to:**

**Family Life Missions, PO Box 928, Starkville, MS 39760**

**Phone (662) 324-8472, Fax (662)324-8324**

**info@familylifemissions.org**