

# El Sauzal Orphanage Child Sponsorship Form

*Please fill in the following information and mail it to us so we can mail  
your sponsorship packet to you right away.*

The child I choose to sponsor is: \_\_\_\_\_

My monthly sponsorship will be:

\$25       \$50       \$75       \$200       \$377 \*       \$ \_\_\_\_\_

\*The average monthly cost to care for a child

My contact information is:

Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

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

I will be paying monthly by:

Check     Paypal     Credit card (please fill out below)     Automatic bank withdrawal

If you are giving with your credit card, please fill in the following:

Please bill my:     VISA     MasterCard

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address \_\_\_\_\_

Please mail this form to:

El Sauzal Foundation, Inc.

P.O. Box 154

Auburn, WA 98071-0154

[www.elsauzal.org](http://www.elsauzal.org)

Sponsor0609

## Thank you so much for your generous heart!