

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 would like to sponsor is: _____

I would like to make a one-time donation of: \$ _____

I would like to make a monthly donation. *(Please fill out below.)*

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 Automatic bank withdrawal

Please mail this form to:

El Sauzal Foundation, Inc.

P.O. Box 154

Auburn, WA 98071-0154

www.elsauzal.org

Sponsor0715

Thank you so much for your generous heart!