

# Sponsorship Form

YES! I want to provide a promising future for a child who needs me.

Please print, complete and mail this form to:

Grace International Children's Foundation  
5121 FM 359  
Richmond, Texas 77469

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I wish to sponsor a child at Lulwanda Children's Home.

Please send me photos and biographies, so I can make a selection, OR

Please select a child for me. I prefer:  boy  girl  either

I want to begin making a difference immediately and have enclosed my first sponsorship check (payable to GICF) as follows:

\$30 (one month)  \$90 (three months)  
 \$180 (six months)  \$360 (annual)

I prefer to receive periodic sponsorship updates by  email or  paper mail.

Name: Mr/Mrs/Miss (Circle One)

\_\_\_\_\_

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

City: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

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

Church Affiliation (if any / optional): \_\_\_\_\_