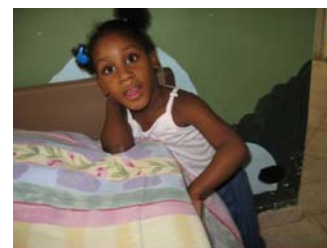




## How Sponsorship Works



At your request, Project Child will supply photos and short biographical sketches of our *Casa de Luz* children. You may choose any child to sponsor. As a sponsor you will receive a picture and updates of your child's well-being at least once a year. Your child will receive:

food • milk and juice • diapers • daily physical and emotional care • medical care • vitamins and the comforting feeling that he/she is safe and provided for.

**PAYMENT:** The cost of sponsorship is \$30.00 per month. You may pay by credit card or check. You may chose to send your support monthly, quarterly, semi-annually or annually.

**CREDIT CARD/DEBIT CARD:** If you prefer, we can charge your Visa or MasterCard credit card or debit card on a recurring basis monthly or quarterly. Contact our office for assistance or fill in the form below and give to us. Sorry, we are not set up to accept Discover or Amex cards.

**CHECK:** We will provide self-addressed envelopes for you to use in mailing your donations.

**Thank you for making a difference in the life of a child! Please call if you have questions.**

**Project Child**, 3147 49<sup>th</sup> Ave N, St Petersburg, FL 33710

Phone: 727-526-2578 or toll-free 877-807-5050;

E-mail address: [info@projectchild.org](mailto:info@projectchild.org) Website: [www.projectchild.org](http://www.projectchild.org)



*A higher standard.  
A higher purpose.*

Project Child is an accredited member of the **ECFA – Evangelical Council for Financial Accountability**. Project Child is a 501(c)3 organization and your contributions are US tax-deductible. We will provide a receipt in January of each year for your contributions for the year before. Project Child is registered as #CH12258 with the Florida Division of Consumer Services. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

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### PROCESSING MY SPONSORSHIP OF A CHILD:

\_\_\_\_\_ I would like to sponsor the child named \_\_\_\_\_ for \$ \_\_\_\_\_ per \_\_\_\_\_.

\_\_\_\_\_ I have enclosed a check. Please send a supply of mailing envelopes.

\_\_\_\_\_ Charge the credit/debit card below for a one-time sponsorship donation of \$ \_\_\_\_\_ .

\_\_\_\_\_ I want to set up a monthly or quarterly auto-charge on my debit or credit card.

Charge the credit card below on the \_\_\_\_\_th day of EACH MONTH for \$ \_\_\_\_\_ .

Charge the credit card below now and each quarter (every 3 months) for \$ \_\_\_\_\_ .

Name on Card \_\_\_\_\_

Card Billing Address ZIP code: \_\_\_\_\_

Visa or MC number \_\_\_\_\_

Expiration MM/YY \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

3-digit code on back of card \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

This card information will be destroyed once credit card processing is completed.