



## Sponsorship Form

Thank you for joining the GlobalFingerprints initiative by being a child sponsor.  
Complete this form to begin your sponsorship.

### Circle a location:

DR Congo | DR Congo-Tabitha | Haiti-Jan Jan  
Haiti-Source de la Grace | India-Mukti 1  
India-Mukti 2 | Indonesia | Lebanon | Liberia  
Myanmar | Panama | Philippines | Zambia

### Please indicate the number of children you would like to support:

Boys age <10 \_\_\_\_\_ Boys age 10+ \_\_\_\_\_  
Girls age <10 \_\_\_\_\_ Girls age 10+ \_\_\_\_\_  
Child Card Number (if applicable) \_\_\_\_\_  
TOTAL children supported \_\_\_\_\_  
Total monthly contribution (total x \$35) \$ \_\_\_\_\_

### Contact information

_____ <i>First and Last Name (and Spouse if applicable)</i>		_____ <i>Group Name (if applicable)</i>	
_____ <i>Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Email (required for sponsorship)</i>		_____ <i>Telephone</i>	
_____ <i>Church Name</i>	_____ <i>City</i>	_____ <i>State</i>	

### Billing Information

Please choose a payment method below or include a check for your first payment.  
Automatic charges will appear in your account as "Evangelical Free Church of America."

#### Automatic Bank Transfer (preferred)

I give my bank permission to transfer from my account each month and pay the EFCA the amount listed below. This agreement will remain in effect until I send a written request to the EFCA asking them to change or end this agreement, and they have had reasonable time to act upon it.

Monthly Amount: \$ \_\_\_\_\_

Make my deduction on the:  5th  20th

**Please include a voided check OR your first payment to start your automatic monthly donation.**

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

#### Monthly Credit Card Charges

I hereby authorize the EFCA to initiate charges to my credit card account indicated each month and pay the EFCA the amount listed below. This agreement will remain in effect until I send a written request to the EFCA asking them to change or end this agreement, and they have had reasonable time to act upon it.

Monthly Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
*Credit Card Number* \_\_\_\_\_  
*Exp. Date*

\_\_\_\_\_  
*Name on Card* \_\_\_\_\_  
*CCID*

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

**Mail form to:** EFCA GlobalFingerprints, 901 E 78th St. Minneapolis, MN 55420  
**Check Payable to:** "EFCA" with memo "GFP-39661"  
**Questions:** globalfingerprints@efca.org or (800)-745-2202

