School Sponsorship Application and Credit Card Payment Authorization

YOUR INFORMATION

First Name: ____________________________ Middle Name: ____________ Last Name: ___________________________________
Street Address ____
City _____________________________________ State/Province __________________ Zip/Postal Code _______________________
Phone Number: ______________________________________Email: ____

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Name of Church____
Street Address ____
City ________________________________ State/Province __________________ Zip/Postal Code ____________________________
Phone Number: ______________________________________Email: ____
SPONSORSHIP COORDINATOR (if applicable) ____

I WOULD LIKE TO SPONSOR A:

____ GIRL _____ BOY _____ NO PREFERENCE
_____ KINDERGARTEN _____ PRIMARY _____ SECONDARY _____ NO PREFERENCE

YOUR PAYMENT INFORMATION

METHOD : CREDIT CARD (Automatic Deduction)

(As It Appears On Your Credit Card)

_____ **info same as above**

First Name: _______________________________ Middle Name: ____________ Last Name: ________________________________
Street Address ____
City _____________________________________ State/Province __________________ Zip/Postal Code _______________________
Phone Number: ______________________________________Email: ____
Credit Card Number: ____ Card Security Code: _________________
Expiration Date: ______/_____/
mm yy

_____ MASTER CARD _____ VISA _____ DISCOVER _____ AMERICAN EXPRESS

_____ I authorize VOH LP via Pay Pal to charge my credit card $__________ for revolving timeframe:
_____ Monthly _____ 6th ______ 15th ______24th
_____ Quarterly
_____ Yearly

____ ____________________
Signature of Card Holder Date

MAIL TO:

Sponsorship Coordinator, Village of Hope Lazarus Project, 300 East Yamato Rd., Boca Raton, Florida 33431

Or E-MAIL: Scanned copy with signature to: d_pfeffer@bellsouth.net

(Please make a copy of this application for your records) Office Use Only: Donor Number________________