## Orphan Care Mission - Child Sponsorship Form

Thank you for choosing to support a vulnerable child through our Orphan Care Mission. Please complete the form below to begin your sponsorship.

### Sponsor Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Sponsorship Options

Monthly Sponsorship Amount (choose one):

□ $40 - Education Support  
□ $85 - Full Care Support (Education, Food, Medical)  
□ Other: $\_\_\_\_\_\_\_\_\_\_

Preferred Payment Method:

□ Bank Transfer  
□ PayPal  
□ Zelle  
□ Check

### Agreement

I commit to sponsoring a child through Christian Therapeutic Ministry’s Orphan Care Mission. I understand that I will receive updates on the child’s progress and that my support will help provide education, medical care, and spiritual guidance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Child ID: \_\_\_\_\_\_\_\_\_\_ Sponsorship Start Date: \_\_\_\_\_\_\_\_\_\_