

# I WANT TO SPONSOR A CHILD

Please fill out the attached form and include your first monthly investment in the life of a child:

Please enroll me as a CHILD SPONSOR at \$30/month

Boy     Girl     Either

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_



How did you hear about West African Christian Ministries?

My first monthly contribution of \$ \_\_\_\_\_ is enclosed. I understand I will receive a tax-deductible receipt and information about the child I am sponsoring.

I am not able to be a sponsor, but here is a contribution of \$ \_\_\_\_\_ for West African Christian Ministries.

Please send me information about Automatic Funds Transfer.

*Make checks payable to:*  
**West African Christian Ministries**  
P.O. Box 429  
Valparaiso, IN 46384-0429

**Thank you for investing in the lives  
of the West African children!**