



ANCOP FOUNDATION (USA) INC.

CHILD SPONSORSHIP FORM

(Child) 10/21/2009

NEW

RENEWAL

Form fields for personal information: FULL NAME (PLEASE PRINT), FIRST NAME, LAST NAME, ADDRESS, CITY, PROVINCE/STATE, COUNTRY, POSTAL CODE, HOME PHONE, CELL PHONE, WORK PHONE, OTHER PHONES, EMAIL ADDRESS, SOLICITED BY: (NAME OF GROUP, ASSOCIATION OR CFC CHAPTER)

CHILD SPONSORSHIP (Elementary to High School)

YOUTH SPONSORSHIP PROGRAM (College)

- Options for Child Sponsorship: \$384.00/year (One Time Payment) or \$32.00/month (Sole Sponsorship) or \$16.00/month (Shared Sponsorship) or \$192/year (One Time Payment-Shared Sponsorship)

- Options for Youth Sponsorship Program: \$768.00/year (One Time Payment) or \$64.00/month (Sole Sponsorship) or \$32.00/month (Shared Sponsorship) or \$384.00/year (One Time Payment-Shared Sponsorship)

PLEASE CHARGE ME ON THE 1ST OR 16TH OF THE MONTH STARTING USING: Please make your check payable to ANCOP Foundation (USA) Inc. and mail to - 1292 B Stuyvesant Ave., Union NJ 07083 Regional Offices

- Regional Offices: North West, North Central, North East, South West A, South West B, South Central, South East, National Capital with corresponding addresses.

PLEASE CHARGE ME ON () 1ST OR () 16TH OF THE MONTH STARTING USING MY :

- Payment options: CREDIT, AMEX, PRE-AUTHORIZED PAYMENT (PLEASE SEND VOID CHEQUE), CASH, CHECK with associated form fields for CC number, expiry date, and amounts.

I understand that if the donation shall exceed the requirements or local situations prevent program implementation, ANCOP will redirect funds to similar programs to achieve its purposes. This authorization shall remain in effect until I notify ANCOP at least 30 days if I wish to discontinue the sponsorship