



Please mail this form to:
NPH USA – Child Sponsorship
134 North La Salle Street, Suite 500
Chicago, IL 60602-1036

Or fax to: **(312) 658-0040**

To make your gift by phone, call **1-866-690-1703**.

PLEASE PRINT ALL INFORMATION

I want to sponsor: Any child in need Boy Girl Age range: _____
Country: Bolivia Dominican Republic El Salvador Guatemala Haiti
 Honduras Mexico Nicaragua Peru
I will pay: \$50/mo. \$125/mo. \$200/mo. \$250/mo. \$500/mo.
 Other amount: \$_____ (\$30/mo. min.)
Schedule: Monthly Quarterly Semi-annually Annually
Enclosed is my first sponsorship payment of \$_____

Your Information:

Your Name _____
Company Name _____ Will match my gift.
Address _____
City, State Zip _____
Phone _____ e-mail _____
 I prefer to be contacted by e-mail.

Receipt will be sent to the address above.

Send gift card to: (no amount will be mentioned)

Name _____
Address _____
City, State Zip _____
Message _____

Payment Method:

I wish to pay by: Check *Please make check payable to NPH USA.* Money Order
 Visa MasterCard Discover American Express
Card Number _____ Exp. Date _____
Name on Card _____
Signature _____ Security Code _____

Thank you for your support!

Your contribution is tax-deductible to the extent provided by law. Tax ID # 65-1229309.

The Donor acknowledges that the NPH USA Board has the power and the duty to modify any restriction or condition on the distribution of funds for any specified charitable purpose if, in the sole judgment of the Board, such restriction or condition becomes unnecessary, incapable of fulfillment or inconsistent with the charitable needs designated. Read the full disclosure statement online at www.nphusa.org/disclosure