

Arlington Academy of Hope Child Sponsorship Application

Yes, we want to become a child sponsor and help AAH provide Ugandan children in need a quality, well-rounded education and basic healthcare.

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____ Phone _____

Please indicate number of children you wish to sponsor: _____

Payment Method: (choose one) \$300 enclosed or \$25 monthly by credit card

Once your application and first payment are received, we will send you a photo and profile of your child, guidelines for the Child Sponsorship Program, deadline dates for letter exchanges and other important information about the program.

Special Requests for Sponsorship

Please indicate below if you have a gender and/or age range preference. We will do our best but because of changing needs at the school we cannot guarantee to meet your request.

1st sponsored child: male female Age: 6-8 9-11 12-15 any age

2nd sponsored child: male female Age: 6-8 9-11 12-15 any age

3rd sponsored child: male female Age: 6-8 9-11 12-15 any age

I have no preference – please match me with the child most in need.

I pledge to do my best to fulfill this child sponsorship commitment for one year:

Signed: _____ Date: _____

Credit Card Donations

VISA MasterCard Amount \$ _____

Acct. # _____ Exp Date _____

Name on card _____

Signature _____

Monthly sponsors are billed on an ongoing basis and may cancel their credit card payments at any time.

Please make checks payable to Arlington Academy of Hope and return with this form.

Thank You!