

## Nepal Child Sponsorship Program Donation Form



I would like to sponsor the following child:

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- I am willing to make a 6 month commitment of \$28 per month.
- Please charge my credit card or debit card for one payment of 6 months in full (\$168).
  - Please automatically bill my credit card or debit card for \$28 per month for 6 months.
- I am willing to make a one time contribution of:
- \$25
  - \$50
  - \$100
  - \$150
  - Other \_\_\_\_\_

### Billing Address Information

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

### Credit Card Information

Visa

Mastercard

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date:    Month \_\_\_\_\_                      Year \_\_\_\_\_

**Please fax your completed donation form to (512) 323-9599 for processing.**  
Questions? Please call us at (512) 612-1515.