



## SPONSORSHIP APPLICATION

Please fill in the following form and return it to  
Ramona's Reach, Box 656, Arborg MB, R0C 0A0

I would like to sponsor a child for \$50 monthly.

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to pay by:

1. Monthly cheque
2. Monthly automatic deduction (please enclose voided cheque)
3. Credit Card:     Mastercard                                  Visa

Name \_\_\_\_\_

Card# \_\_\_\_\_

Expiry \_\_\_\_\_

Signature: \_\_\_\_\_