



**Agape
Missions
Worldwide**

Agape Missions Worldwide, Inc.
9-474 County Road V
Liberty Center, Ohio 43532

501 (c) (3) Nonprofit

Child Sponsorship Selection Form

Sponsor Name: _____

Address: _____

Phone: _____

Email Address: _____

Child You Wish to Sponsor

Name: _____

Age: _____ Family Number: _____

Amount of support pledged:

_____ \$216 for 6 months _____ \$432 for 12 months

Method of Payment:

_____ Full Amount - Check (enclosed)

_____ \$36 per month – (1st Check Enclosed)

I would like to sponsor the education, basic health care, and Sunday School for the child indicated. I understand that my donation/support is tax deductible since Agape Missions Worldwide, Inc. is a 501c3 charitable organization.

- I understand that upon receipt of this sponsor form and check that I will be mailed a complete profile and picture of the child I am sponsoring.
- Our partner organization, Agape Pakistan, will notify the family of the sponsorship and provide them with the sponsor's name and address. The child and family will send a letter and picture to the sponsor.

Signature

Date