

# Child Sponsorship Program Application

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

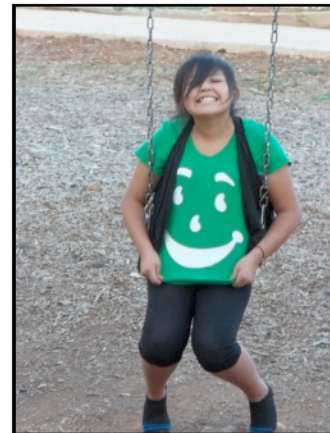
Date \_\_\_\_\_

Email \_\_\_\_\_

I understand that I can cancel my sponsorship at any time and that each of the children may have more than one sponsor.

I would like to sponsor a:

Boy       Girl      \_\_\_\_\_ How many children?



## Sponsorship Payment Options

**Please check an option below:**

- \$30.00 Monthly per student
- \$90.00 Quarterly per student
- \$360.00 Annually per student

Your gifts are tax deductible. Your gift goes into our CSP fund for the student's education and overall care. Contribution statements will be complete at the end of the year calendar.

**Please mark your checks with "CSP" and the child's name and make it payable to:**

American Indian Christian Mission

924 Mission Lane #1  
Show Low, AZ 85901

***AICM has the right to refuse or terminate a  
Child Sponsorship at any time.***

**Angie Solliday**  
Director of:

**Child Sponsorship Program**  
Office (928) 537-5912

Fax: (928) 537-5620  
csp@aicm.org

**CSP USE ONLY**

Start date of Sponsorship: \_\_\_\_\_

Student/s name: \_\_\_\_\_