



SPONSOR A CHILD IN RWANDA

Africa New Life Ministries

Date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ Day Phone _____

- I would like to sponsor a regular program child at \$35 per month
- I would like to sponsor a high school student at \$60 per month
- I would like to sponsor a college student at \$100 per month
- I would like to sponsor a child living in an orphanage home at \$60 per month
- I would like to sponsor a woman in the Family Center for \$60 a month for one year
- I would like to make a one time donation of _____ to be used for _____

****Please attach your check for your first month sponsorship. *Please make checks payable to Africa New Life Ministries***

Africa New Life Ministries • P.O. Box 909 Portland, OR 97207-0909 • www.africanewlife.org

FOR OFFICE USE ONLY

Child's Name: _____ Child's ID # _____