



# The Palestinian Child Sponsorship Program

## Sponsorship Form



### PERSONAL INFORMATION

Mr.  Ms.  Mrs.  Dr.

First Name	Last name	Email
Address		City
Province / State	Postal / Zip Code	Country
Telephone:	Home ( ) -	Office ( ) -
	Mobile ( ) -	Other ( ) -

May we send you information in Arabic?  Yes  No, I would prefer to receive translations.

Please tell us about yourself - this information will be communicated to your sponsored child.

I prefer to remain anonymous.

### PLEDGE INFORMATION

Name, child code and region of the child(ren) you wish to sponsor	Total number of children: ____
1. _____	3 _____
2. _____	4 _____

**I WISH TO CONTRIBUTE THE AMOUNT OF \$ \_\_\_\_\_ EVERY MONTH FOR EACH SPONSORED CHILD.**

*\* sponsors contribute a monthly minimum of \$70 CAD per child*

**MY PAYMENT WILL BE MADE:**

annually  semi-annually  quarterly  monthly

CADS  US\$

amount per payment \$ \_\_\_\_\_

total amount per year \$ \_\_\_\_\_

### PAYMENT METHOD

<input type="radio"/> <b>CHEQUE</b> <b>Payable to</b> the "Canadian Palestinian Foundation of Quebec" or "CPFQ". <b>Please ensure</b> that "Child Sponsorship Program" and the name of your child(ren) are clearly indicated on your cheque. <b>In the case of monthly payments</b> , please provide 6 post-dated cheques at a time and dated on the 1 <sup>st</sup> of each month. Thank you.	<input type="radio"/> <b>*CREDIT CARD:</b> <input type="radio"/> VISA <input type="radio"/> MASTERCARD <i>* A credit card charge of 3% will be added to your pledge if you choose this option.</i>
	Cardholder
	Card number
	Expiry date
	Signature

### STATEMENT OF AGREEMENT

*I hereby agree to the terms of the CPFQ Child Sponsorship Program as outlined in the program brochure that I have read. I understand that my commitment is for a minimum of 1 year and that my sponsorship will be renewed automatically unless I give at least one month notice in writing. "The Program" reserves the right to replace any sponsor who misses more than 2 months of payments.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALL INFORMATION ON THIS FORM SHALL REMAIN CONFIDENTIAL**