



The Palestinian Child Sponsorship Program

Sponsorship Form



PERSONAL INFORMATION			
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No, I would prefer to receive translations.			
Please tell us about yourself - this information will be communicated to your sponsored child. <input type="radio"/> 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:		<input type="radio"/> CAD\$ <input type="radio"/> US\$	
<input type="radio"/> annually <input type="radio"/> semi-annually <input type="radio"/> quarterly <input type="radio"/> monthly		amount per payment \$ _____	
		total amount per year \$ _____	
PAYMENT METHOD			
<input type="radio"/> CHEQUE Payable to the "Canadian Palestinian Foundation of Quebec" or "CPFQ". Please ensure that "Child Sponsorship Program" and the name of your child(ren) are clearly indicated on your cheque. In the case of monthly payments , please provide 6 post-dated cheques at a time and dated on the 1 st of each month. Thank you.		<input type="radio"/> *CREDIT CARD: <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>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.</i>			
_____		_____	
Signature		Date	

ALL INFORMATION ON THIS FORM SHALL REMAIN CONFIDENTIAL