



**ANCOP International (Canada) Inc.**

*Let us touch lives, restore dignity, and give hope!*

**CHILD SPONSORSHIP FORM**

(Please Print Entries)

<b>GK Area:</b> _____ Donor ID _____ Pledge No. _____ Date Received : _____ <hr/> Posted By: _____
--

Full Name: \_\_\_\_\_

Address: No. and Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Solicited by Association/Group/Chapter \_\_\_\_\_

**Please encircle your choices of sponsorship programs**

I would like to participate in the Child sponsorship program by contributing (select one) :

- CDN \$32 per mth for 12 months**
- CDN \$384 (one payment)**

**(MANNER OF PAYMENT )**

I would like to pay for the above by: (please select appropriate box or boxes)

- Cheques** payable to **Ancop International (Canada) Inc.**
  - Attached are 12 postdated checks for the amount of CDN \$ 32.00 each
  - Attached is my check for the amount of CDN\$ 384.00
- Credit card:** I hereby authorize Ancop International (Canada) Inc. to arrange automatic charge of the amount stated below to my credit card account each month until I discontinue or cancel my sponsorship.

Card:       Visa                       MasterCard                       Amex  
 Card number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Amount per month - CDN \$ \_\_\_\_\_ Starting date \_\_\_\_\_

- PAP** - I hereby authorize Ancop International (Canada) Inc. to arrange for an automatic charge of the amount below to my bank account each month until I discontinue or cancel my sponsorship.

**(For PAP) Enclosed is a voided check.**

Bank \_\_\_\_\_ Branch No \_\_\_\_\_  
 Account \_\_\_\_\_ Amt per month - CDN \$ \_\_\_\_\_  
 Starting date \_\_\_\_\_

I understand that if the donation shall exceed the requirements or local situations prevent program implementation, Ancop will redirect funds to similar programs to achieve its purposes.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

( Registration No 87935 0312 RR0001 . Donations of \$15 or more will be issued official tax receipts at the end of the year. Information gathered above shall be used for the exclusive purposes of Ancop International (Canada), Inc. and will not be distributed nor sold. )

If mailing this form, please mail to :  
**Ancop International (Canada), Inc. P.O. Box 98067 South Common Mall**  
**2150 Burnhamthorpe Road West, Mississauga, Ontario, Canada L5L 5V4**

For inquiries, please call 1-877-692-6267 ) or 905-564-8539

OFFICE USE ONLY:	DATE ASSIGNED:
CHILD NAME:	PERIOD BEGIN:
PROJECT :	PERIOD END:
TRACKING ID :	