

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____

Lead Sponsorship @\$ _____ (\$25 or more per month)

Guiding Sponsorship @ _____ (\$10) or more per month)

I would like to sponsor a child in Perham Area ___ Fergus
Falls ___ Parkers Prairie ___ No Preference ___

Please enclose your gift using one of the following payment
options:

Direct Payment (this is highly preferred because it reduces
administrative cost.)

Checking account (please enclose voided check)

Savings account (please enclose deposit slip)

I authorize Kinship to initiate withdrawals from my checking/
savings account on the 10th of each month. This authority
will remain in effect until I notify Kinship in writing that I
wish to cancel.

Month to start payment _____

Signature _____

CREDIT CARD (2-4% of your gift processing fees)

Visa Discover MasterCard

Charge my credit card one time monthly

Card# _____ Exp _____

Signature _____ Date _____

Please send your gift and this form to:
Kinship, P.O. Box 281, Perham, MN 56573