



TEN School sponsorship Registration Form *(please print clearly with black or blue ink)*

Name: _____ Date: _____
Address: _____ City/ State: _____
Zip Code: _____

Phone number: (home) () _____
(cell)() _____
Email: _____

Child preferences *(we will take these into account):*

How many children would you like to sponsor: _____
What sex do you prefer? *(please circle one)*: **Male** **Female** **Either**
What age do you prefer? _____

What will your method of payment be? *(please circle one)*

Check *PayPal*

What payment plan will you use?

Quarterly (\$75 quarterly) *Yearly (\$300 yearly)*

Comments/ Questions:

Please return form by email to sarah@madebysurvivors.com
Or mail to PO Box 267, Sagamore, MA 02561

(do not write below this line)

Name of child: _____
Email of child: _____
NGO partner: _____