

APPLICATION FORM

HAND IN HAND FOR HAITI CHILD SPONSORSHIP PROGRAM

I/WE WISH TO SPONSOR A CHILD.

I/We understand that Hand in Hand for Haiti will inform us separately when and where to send our donation. Please fax this form to +852 2868 9602 or email it to donate@handinhandforhaiti.com.

<p>Please select sponsorship type:</p> <p><input type="radio"/> Individual Sponsorship</p> <p><input type="radio"/> Group Sponsorship</p> <p>Number of people in group ____</p>	<p>Donation Details</p> <p>I/We would like to sponsor a child for a period of (select one)</p> <p><input type="radio"/> 12 Months (USD\$3500)</p> <p><input type="radio"/> 24 Months (USD\$7000)</p>
<p>Personal Particulars</p> <p>_____ Name/Name of Group Leader</p> <p>_____ Email</p> <p>_____ Contact Phone Number _____ Alternate Phone Number</p> <p>_____ Mailing Address</p>	<p>I/We would like to donate by (select one)</p> <p><input type="radio"/> Check</p> <p><input type="radio"/> Telegraphic/Bank Transfer</p> <p><input type="radio"/> Credit Card</p> <p>Credit Card No. _____</p> <p>Name of Card _____</p> <p>Exp Date (MM/YY) _____</p>
	<p>Please select one:</p> <p><input type="radio"/> I/We wish to make a 1 time donation of the full sum.</p> <p><input type="radio"/> I/We wish to donate monthly.</p>