



MAIL/FAX DONATION FORM

Check one:

- Sponsor a primary child or shared sponsorship of a secondary child:
\$42.00/month \$504/year
- Sponsor a secondary child: \$82/month \$984/year
- Contribute \$ _____ to be used where needed most

Name

Address

City

State

Zip Code

Phone Number

Email Address

Method of Payment (check one):

- One-time Credit Card Payment **or** Automatic Monthly Credit Card Transaction
Check one: Visa Discover MasterCard American Express

Credit Card Number

Expiration Date

Children of Uganda
PO Box 659 Charles Town, WV 25414
Phone (304) 728-7355 • Fax (304) 728-3068

info@childrenofuganda.org