



**CHILD SPONSORSHIP
FORM (7GD)**

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|---|----------------|---|--------------|
| FULL NAME (PLEASE PRINT): CF DI FDCG9 G'C: 'H5 L'F979-DH) | | <input type="checkbox"/> GROUP <input type="checkbox"/> INDIVIDUAL | |
| ADDRESS: NO. AND STREET | | | |
| CITY | PROVINCE/STATE | COUNTRY | POSTAL CODE |
| HOME PHONE | CELL PHONE | WORK PHONE | OTHER PHONES |
| EMAIL ADDRESS | | | |
| D@5 99' -B8 7 5H9 'K<9 7: 7Z<C @ZG: 7 "CF'; FCI D'B5A9'C: 'GDCBGCF': CF'; FCI D-B; 'DI FDCG9 G' | | | |
| TAX RECEIPT REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | PREFERRED CHILD NAME/ID/PROJECT (A CHILD/ID/PROJECT APPROVED BY ANCOP CANADA) | |

I WOULD LIKE TO BE AN ANCOP PARTNER AND PARTICIPATE UNDER THE CHILD SPONSORSHIP PROGRAM BY CONTRIBUTING:

\$384.00 (Cost of 1 year for one (1) Child see Note 1 below) \$768.00 (Full year scholar sponsorship)

I WOULD LIKE TO PAY FOR THE ABOVE (PLEASE SELECT APPROPRIATE BOX)

One time payment of the above amount Monthly Installment of \$_____ per month for _____ months starting _____

MANNER OF PAYMENT

CASH AND/OR CHEQUES PAYABLE TO ANCOP INTERNATIONAL (CANADA) INC.
 CREDIT CARD VISA AMEX MASTER CARD (MINIMUM OF \$HGPER CHARGING, PLEASE)
 NAME ON CREDIT CARD: _____
 CREDIT CARD NO: _____ EXPIRY DATE: _____
 PRE-AUTHORIZED PAYMENT (PAP). PLEASE ENCLOSE A VOIDED OR CANCELLED CHEQUE. (PHOTOCOPIES ARE NOT ACCEPTABLE.)

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. I also acknowledge the notes below about tax receipts and a h`midUna Ybhd'Ubg.

Signature: _____ Date: _____

Registration No 87935 0312 RR0001

DONATIONS OF \$20 OR MORE WILL BE ISSUED OFFICIAL TAX RECEIPTS AS REQUESTED AFTER 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 OR SOLD. (NOTE 1: Price of sponsoring a child is subject to change without prior notice as the controlling currency and oil price factors are beyond Ancop control. If the pledge is on a installment basis, AICI reserves the right to request for additional donation if warranted and the donor may elect to increase or not his installments. If the donor elect not to increase the installment to the new price, the whole donation shall be towards a share of a whole unit after the full payment is received.)

MAIL to: ANCOP INTERNATIONAL (CANADA) INC. P.O. BOX 98067 SOUTH COMMON MALL
2150 Burnhamthorpe Rd. West, Mississauga, Ontario, Canada L5L 5V4

OFFICE USE ONLY

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