



YES! I will help and sponsor a

CHILD

- \$38/month or \$456/year for Elementary or High School
- \$76/month or \$912/year for College

SHELTER (\$3,500/unit)

I want to give a one-time donation of \$_____

Fill up the form and mail it to ANCOP International Canada, Inc. (see address below). A representative will contact you.
Donation of \$20.00 or more will be issued a tax receipt.

I am a **new** donor I am an **existing donor renewing** my sponsorship I am an **existing donor adding** a new sponsorship

| | | | |
|---|----------------|---|--------------|
| FULL NAME (PLEASE PRINT) <small>*To be used for your TAX RECEIPT</small> | | FIRST NAME | LAST NAME |
| ADDRESS: NUMBER AND STREET | | | |
| CITY | PROVINCE/STATE | COUNTRY | POSTAL CODE |
| HOME PHONE | CELL PHONE | WORK PHONE | OTHER PHONES |
| EMAIL ADDRESS | | SOLICITED BY: (NAME OF GROUP, ASSOCIATION OR CFC CHAPTER, ETC.) | |

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|--|
| PREFERRED CHILD NAME/ID/PROJECT/HOLD ADOPT-A-SCHOLAR (AS APPROVED BY ANCOP CANADA) |
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| | |
|--|-------------|
| I am sponsoring: | |
| <input type="checkbox"/> Elementary & High School - <input type="checkbox"/> \$456/year or <input type="checkbox"/> \$38/month <input type="checkbox"/> College/Vocational/Technical - <input type="checkbox"/> \$912/year or <input type="checkbox"/> \$76/month <input type="checkbox"/> Sorry, I cannot sponsor right now but here is my gift \$_____ | |
| Mode of Payment | |
| Please charge on the <input type="checkbox"/> 1 st or <input type="checkbox"/> 16 th of the month starting _____ | |
| Using my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS | |
| CREDIT CARD NUMBER | EXPIRY DATE |
| OR PRE-AUTHORIZED PAYMENT (with void cheque enclosed) | |
| AMOUNT: \$_____ | |

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. This authorization shall remain in effect until I notify ANCOP at least 30 days in advance if I wish to discontinue the sponsorship.

| | |
|-------------------|------|
| DONOR'S SIGNATURE | DATE |
|-------------------|------|



MAIL THIS FORM TO:

ANCOP International (Canada), Inc.
P.O. Box 98067,
South Common Mall
2150 Burnhamthorpe Rd. W.,
Mississauga, ON L5L 5V4
Canada

Phone: (905) 564-8539
Toll-free: 1-877-692-6267
Fax: (905) 564-7590

sponsor@ancopcanada.org
www.ancopcanada.org