



Yes, I would like to sponsor a child in Atlanta's Inner City!!!

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Phone Number E-mail Address

Please check one of the following:

\_\_\_\_If you would like the amount deducted from your debit/credit card, please fill out the appropriate information and circle the date of your choice.

I would like the amount of \$\_\_\_\_\_ deducted from my debit/credit card on the (10<sup>th</sup>/25<sup>th</sup>) of each month.

Visa/Master Card/ American Express/ Other \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_If you wish to pay monthly using a check, please enclose a check in the amount of \$25 made out to Essential2Life.

**Please mail this form to:**

*Essential2Life  
PO Box 620053  
Atlanta, GA 30362*

*You will receive a picture of your sponsored child and important information pertaining to your sponsorship within 10 business days.*