

## Donation and Sponsorship Payment Form

For your convenience, you may type or print your information in the form provided below. This form may be printed for your records and a copy sent with your generous contribution. We appreciate your donation of time and postage to mail your support to us.

I (we) would like to sponsor a student in need in India to help with their education.

**A child in most need**  **Boy or**  **Girl**

**A college student**  **Boy or**  **Girl**

### Donation:

I (we) will make a sponsorship donation and choose the following payment schedule:

**\$ 60.00 – quarterly**  **\$120.00 – semi-annually**  **\$240.00 – annually**

**I do not want to sponsor but would like to donate \$**  **for the activities of your Foundation.**

***You will help us to reduce book keeping and office work to a minimum when you send your sponsorship donation annually or semi-annually.***

Name :

Address:

City:  State:  Zip:

Home Phone :  Cell Phone:

Email ID:

(Please provide for E-mail reminders and to save postage) When you go to print the Donation Form,

**FCN, PO Box 1247,  
Arlington Heights, IL 60006-1247.**