SPONSOR A CHILD APPLICATION

PERSONAL INFORMATION:

Name of Sponsor:_____

Address:_____

Telephone #: (Home)_____ **(Cell)** _____

E-mail address:_____

SPONSORSHIP INFORMATION:

Name of Sponsored Child:_____

Type of Sponsorship: **Monthly**_____ **Quarterly**_____

Semi-annually_____ **Annually**_____

Sponsorship Level: (specify dollar amount)_____

Preferred method of payment: **Check**_____ **Online Contribution:**_____

Checks should be made payable to Hearts Across Romania and mailed to:

2544 Brookside Dr.
Irving, TX 75063

Online contributions with PayPal are available through the website:

www.heartsacrossromania.org