



Office Use Only	DPEntry: o by _____
	DPLink: o by _____
	FMP: o by _____
	VM: o by _____
	WLetter: o by _____
	UgNotif: o by _____

SPONSORSHIP EVENT HOSTED BY: \_\_\_\_\_

Sponsor/Benefactor Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Child Sponsored \_\_\_\_\_ I.D. \_\_\_\_\_

Education (\$35/month per child)     
 or  Residential (\$35/month per child)     
 or  Education & Residential (\$70/month per child)

Date of Sponsorship \_\_\_\_\_

Donation (Specific project if applicable) \_\_\_\_\_

Check Attached      Check No. \_\_\_\_\_ Amount of Check \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Please make your check out to **Buyamba Inc.** or fill out credit card application below.

### Credit Card Application

New Sponsor    Current Sponsor      Payment Method:  Cash    Check    Credit Card

ONE-TIME only credit card transaction: Amount to charge: \$ \_\_\_\_\_

Purpose of Donation: \_\_\_\_\_

RECURRING CREDIT CARD TRANSACTIONS:

**Education** Frequency:  Monthly (\$35)    Quarterly (\$105)    Semi-Annual (\$210)    Annual (\$420)

**Residential** Frequency:  Monthly (\$35)    Quarterly (\$105)    Semi-Annual (\$210)    Annual (\$420)

**Both** Frequency:  Monthly (\$70)    Quarterly (\$210)    Semi-Annual (\$420)    Annual (\$840)

**Credit card transactions will occur on the 1st day of each month unless otherwise noted.**

Credit Card Type:  Visa    MasterCard    Discover    Amex

Name on Credit Card: \_\_\_\_\_

Address on Credit Card Account: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3-digit Security Code on back of card: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_