



Safe Passage

Camino Seguro

Hope, Education, Opportunity

GIVING OPTIONS	SUGGESTED GIFT	AMOUNT
Programs		
Child Sponsor	\$50 ^{us} per month	\$
Sole Sponsor to a Child	\$200 ^{us} per month	\$
Mother Sponsor	\$50 ^{us} per month	\$
Sole Sponsor to a Mom	\$200 ^{us} per month	\$
Safe Passage Partner	\$50 ^{us} suggested per month (\$10 ^{us} minimum, no maximum)	\$
Classroom Partner	\$100 ^{us} per month	\$
One Time Donation	Any Amount	\$
Total		\$
Payment Frequency I would like to pay \$_____ every:		
<input type="checkbox"/> Month <input type="checkbox"/> 3 Months <input type="checkbox"/> Year		
PERSONAL INFORMATION		
NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PH	MOBILE	
EMAIL		
ADDITIONAL SPONSORSHIP INFORMATION		
(for child sponsors)		
Gender of Child	Age	
<input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> No Preference <input type="checkbox"/> 2 - 4 years old <input type="checkbox"/> 5 - 10 years old <input type="checkbox"/> 11 - 14 years old <input type="checkbox"/> 15 and up	
I heard about the project from:		
Any special notes:		

PAYMENT METHOD
<input type="checkbox"/> CHECK OR MONEY ORDER
<input type="checkbox"/> DIRECT PAYMENT (Automatic Withdrawal)
<input type="checkbox"/> Checking Account (Please enclose a voided check)
<input type="checkbox"/> Savings Account (Please enclose a deposit slip)
I authorize Safe Passage to initiate withdrawals from my checking/ savings account on the 15th of each month. This authority will remain in effect until I notify Safe Passage in writing that I wish to cancel.
<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card #:
Expiration Date:
I authorize Safe Passage to initiate charges to the above card in the payment frequency selected to the left on or around the 15th of the month. This authority will remain in effect until I notify Safe Passage in writing that I wish to cancel.
Signature:
Date:
<input type="checkbox"/> PAYPAL (I will submit payment at www.safepassage.org)
<input type="checkbox"/> STOCK DONATION (for more info call 207-846-1188 or email info@safepassage.org)
Please mail this form to: Safe Passage 81 Bridge St, Ste 104 Yarmouth ME 04096
<i>All gifts are 100% tax-deductible as allowed by law.</i> <i>Tax ID# 01-0532835</i>