



# YES, I want to sponsor Magdalena

Your generosity helps to provide a safe home, caregivers, food, health care and educational opportunities for this child, a future leader of Tanzania. Together, we can make a difference in a life that otherwise would have been tossed aside.

## Please print and mail in this completed form:

\* Indicates a required field (We do not share your personal information with other organizations.)

If you are a church or other organization desiring to sponsor a child, please specify your group name: \_\_\_\_\_

\*Primary Contact Name:

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Country: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  home  cell  business

Preferred Personal Email: \_\_\_\_\_

\*MONTHLY SPONSORSHIP PLEDGE:  Citrine (\$30+)  Garnet (\$50+)  Ruby (\$100+)

Diamond (\$500+)  Tanzanite (\$1,000+)  Other \$ \_\_\_\_\_

\*PLEASE CHECK ONE OF THE FOLLOWING PAYMENT OPTIONS:

- I prefer to pay by check or money order (check is enclosed)
- I will arrange for monthly bill pay service with my own banking institution, but I have enclosed my first payment by check.
- I prefer to pay via PayPal every month (link on website, accepts all major credit cards)
- I prefer to pay by check auto draft \*(please also complete page 2)

\*I would like to receive my Child's Quarterly Update via  US Mail  Email \*(enter above)  
Newsletter via  US Mail  Email \*(enter above)

Please mail this completed form and your check made payable to Treasures of Africa to:

**T.O.A.**  
**c/o Hidden With Christ Ministries**  
**PO Box 3267**  
**Tustin, CA 92781**

The Treasures of Africa Children's Home in Moshi, Tanzania is a project of Hidden With Christ Ministries of Tustin, California. Hidden With Christ Ministries is a 501c3 non-profit organization recognized by the IRS. Donations made for HWCM's orphanage project (Treasures of Africa Children's Home) are fully tax deductible in the U.S. under the law. We verify that no goods or services of value are given to you for your tax-deductible contribution. Questions? Please call us at 1- (866) He Heals.

# Treasures Of Africa Children's Home

## CHECK AUTODRAFT FORM

Yes! I want to be a monthly sponsor of TOA child: **MAGDALENA**

(Do Not Detach)

### PAY BY CHECK

A check for my first monthly contribution is enclosed. I authorize my bank to transfer my future monthly gifts of \$\_\_\_\_\_ to "Treasures Of Africa" directly from my checking account each and every month on the following date.

Check one

Deduct my donation on every  3<sup>rd</sup> of the month or  18<sup>th</sup> of the month  
Starting on \_\_\_ Month

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Print) (Print)

Address: \_\_\_\_\_ City: \_\_\_\_\_  
(Print) (Print)

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Print) (Print) (Print) (Print)

This authorization will remain in effect until I notify HWCM that I wish to discontinue the gifts.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasures Of Africa Children's Home thanks you for your generous and faithful support!  
P.O. Box 3267 Tustin, CA 92781 (714) 665-0407 Fax (714) 665-0408