



# Child Sponsorship Form

Print this file, fill it out in ink and mail to: OSSO Sponsorships, P.O. Box 345, Rexburg, ID 83440

Date \_\_\_\_\_

## Sponsor Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt # City State Zip Code

Primary Phone ( ) \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Match Information

How would you describe yourself as a sponsor?

- individual
- family
- company or business
- school class or youth group
- other
- prefer not to answer

If you marked anything other than individual, please describe the nature of your group, i.e. family, class, youth group, company, etc. (this is not required, it just helps us know how to match you with a child).

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Many children will have more than one sponsor since \$30/month is not enough to provide for all the needs of a child.

For each older child we would like to find at least one sponsor interested in writing or visiting them. Mark all that apply:

- very likely to want to write
- uncertain if will want to write
- not likely to write
- likely to want to visit sometime
- uncertain about whether will want to visit
- not likely to visit

### Preferences

MARK ALL THAT APPLY.

Child preference?

- female
- male
- greatest need

What category of child would you prefer to sponsor?

- healthy child
- greatest need
- mildly disabled child
- severely disabled child\*

\*severely disabled children will not be able to correspond personally with letters

What age range(s) do you prefer?

- 0-2 yrs.
- 2-5 yrs.
- 5-10 yrs.
- 10-15 yrs.
- 15+ yrs.
- greatest need

OSSO is currently looking for sponsors for children in Cuenca and Quito, Ecuador. I would prefer to sponsor a child in:

- Cuenca
- Quito
- greatest need

Is there anything else you would like to tell us that may help us match you with a child or children?

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We will try to accommodate your preference(s) but cannot guarantee an exact match.

### Sponsorship Level Information

How many children would you like to sponsor?

- 1 child
- 2 children
- 3 children
- other number \_\_\_\_\_

I would like to sponsor each child at this level:

- \$30/month (minimum)
- \$45/month
- \$60/month
- \$90/month
- \$120/month

For a total of \$\_\_\_\_\_ per month.

I would like to pay:

- every two (2) years
- annually
- semi-annually
- quarterly
- monthly

### Payment Information

Please charge my credit card for the amount due according to the above schedule and amounts (all amounts in U.S. dollars).

Card Type:  Visa  MasterCard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Month/Year

3-digit Number on back of card \_\_\_\_\_

Name as Shown on Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Billing Phone Number for Card ( ) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

authorizing this credit card to be charged per agreement herein

I plan on paying by check for the amount due according to the above schedule and amounts.

\* If paying by check (OSSO accepts personal checks, cashier's checks and money orders in U.S. dollars), please include check (made out to OSSO) for full sponsorship amount along with the filled out sponsorship paperwork and mail to:

OSSO Sponsorships  
P.O. Box 345  
Rexburg, ID 83440

## **Data Protection/Confidentiality Agreement**

OSSO observes the privacy conditions of data protection law when collecting, storing and processing the personal data you provide. You may request to see the information stored by OSSO at any time and rectify any mistakes. OSSO sees to it that everyone who deals with personal data is obliged to observe the conditions of data protection law.

Protecting the rights of the children in our care is equally important to us. Therefore, please understand that we cannot pass on certain pieces of information to sponsors. In addition, we ask that you treat any information entrusted to you about your sponsored child/children/orphanage, discreetly and responsibly and not publish it or pass it to third parties outside of your immediate family. Sensitive information should not be mentioned to the child/children. This is to prevent them from finding out about information that is being withheld from them for their own protection, and which they will be told about in an appropriately sensitive manner at a later stage.

**By signing below, I acknowledge that I have received and accepted the data protection guidelines as outlined above.**

Signature \_\_\_\_\_

Date \_\_\_\_\_