## Child Sponsorship Application

Tell us about yourself:			
Name:			
Address:			
City:		State:	Zip Code:
Home Ph:		_ Cell Ph:	
Email:			
Name of Church you attend:			
(Your personal information is nev	er shared with	n anyone outside of Com	pel Outreach International.)
Child Selection			
First Choice			
Child's Name:			
Why I chose this child:			
Second Choice			
Child's Name:			<del></del>
Why I chose this child:			
Third Choice			<del></del>
Child's Name:			
Why I chose this child:			
or			
Please select a B	ОУ	GIRL for me to	sponsor.
I want to sponsor #			•

You will receive a packet containing pictures and information on your child, and a sponsorship manual once we receive your application. Please be sure to read through the manual upon receipt, as there is vital information for you inside.