



**Sponsorship Application / Donation Signup**  
**New Life Children's Home, Honduras**

**Missionary Fellowship in Many Lands, Inc.**  
Phone (817) 220-0109 Fax (817) 220-1262 Cell (817) 366-6260  
Email: [mfml9\\_03@yahoo.com](mailto:mfml9_03@yahoo.com)

All contributions are tax-deductible, receipts available on request.

**SPONSORSHIP**

I want to Sponsor a Child. Name of Child I want to sponsor is: \_\_\_\_\_

**ONE-TIME DONATION**

I want to make a one-time donation of \_\_\_\_\_

**RECURRING DONATION**

**Sponsor** I pledge \$ \_\_\_\_\_ per month (min \$35 per month)

**Donor** \$ \_\_\_\_\_ per \_\_\_\_\_ (month/year/other) until \_\_\_\_\_

**SPONSOR/DONOR INFORMATION**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name\* \_\_\_\_\_

Company Name \_\_\_\_\_

Address\* \_\_\_\_\_  
\_\_\_\_\_

City, State ZIP \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT OPTIONS** (Check option and complete applicable data)

**By Check or Money Order for donation or first month of sponsorship attached**

**By Credit Card**

Credit Card Number\* \_\_\_\_\_

Type \_\_\_\_\_ (MC, Visa, AmExpress, etc.) Expiration Date\* \_\_\_\_\_

Cardholder's Name\* \_\_\_\_\_ Card Security Code\* \_\_\_\_\_

**By Electronic Funds Transfer (EFT)**

Financial Institution\* \_\_\_\_\_

Branch Name \_\_\_\_\_

Transit/Routing no.\* \_\_\_\_\_ Account Number\* \_\_\_\_\_

Account Type\* \_\_\_\_\_ (Checking, Savings or Other)

Account Holder's Name\* \_\_\_\_\_ Starting Date \_\_\_\_\_

**Print and mail this completed form (with check if applicable) to:**

**Missionary Fellowship In Many Lands, Inc.**  
**P.O. Box 428**  
**Springtown, TX 76082**