**Sponsorship Commitment for the Education and Nutrition of a Child**

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I commit to sponsoring \_\_\_\_\_ child(ren) at Beth-Tikva. The name(s) of the child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to be contacted by \_\_\_\_\_\_\_ I want to cover both food and education expenses: \_\_\_\_\_\_

I want to cover food expenses only: \_\_\_\_\_\_ I want to cover education expenses only: \_\_\_\_\_\_

I make an annual payment: $\_\_\_ Semester: $\_\_\_ Quarter: $\_\_\_\_ Monthly: $\_\_\_

I wish to receive a tax receipt: \_\_\_ I do not want a tax receipt: \_\_\_

Email for Transfers: inho.ca@yahoo.com

I wish to receive updates every 6 months about the child: \_\_\_\_\_

I want to receive the INHO newsletter and magazine.

Preferred Language: \_\_\_\_\_\_\_\_\_\_

Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INHO President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_