

Uganda Hope Child Sponsorship Program

Sponsor's Sign-Up Form

Sponsor's Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

** We respect your privacy and will never disclose your email address or other Contact information to others.*

Number of Children You want to Sponsor: _____

Preferred payment period: MONTHLY QUARTERLY YEARLY

Preferred method of payment: Automatic deduction Send a cashiers check
 Credit Card Send a money order
 Debit Card Send a personal check



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Responding to **Africa's Needs**
with the Love of **Jesus**

*... His Heart, His Hands, & His
feet Extended. . .*

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