



# Ghana Initiative Mobile Medical Mission

Child Sponsorship Application



## TO THE APPLICANT:

We ask each sponsor to complete the information on this application and return it to the address below. By being a sponsor, you will be an advocate for a child in need! By sponsoring a child in need, you will be giving them access to an education, school supplies, meals at school and a school uniform.

Sponsors will NOT be invoiced! You are asked to send a check, in the amount of \$30.00 per child sponsored, on or around the 1<sup>st</sup> of each month to the address listed below. **(Make checks payable to "Ghana Initiative")**

*Ghana Initiative  
c/o Troy Pfoutz  
PO Box 122  
Mount Joy, PA 17552*

All sponsorship donations are tax deductible and you will receive a receipt for tax purposes.

Should you wish to increase your sponsorship donation or the number of children you are sponsoring in the future, please contact Ghana Initiative by email ([troy.pfoutz@ghanainitiative.com](mailto:troy.pfoutz@ghanainitiative.com)) to make this change.

**Please fill in the information below and return the application to Troy Pfoutz at the address listed above.**

Applicant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of children you would like to sponsor @ \$30 per child: \_\_\_\_\_

Total amount committed to sponsorship monthly (If more than \$30/month): \_\_\_\_\_

Name of Child/Children to be sponsored (See Child Info Cards) \_\_\_\_\_

Please describe in a few sentences why you have chosen to sponsor a child(ren) in Ghana.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in receiving information about visiting Ghana on a service-oriented trip in the future? **Yes / No**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[www.ghanainitiative.com](http://www.ghanainitiative.com)**