

# LLENADO DE LA TARJETA DE PATROCINIO, PASO A PASO

**Yes! I'd like to sponsor <child name>**

**PASO 1** — **RETURN THIS TO COMPASSION BY EXPIRATION DATE**

Please select your child sponsorship commitment for <child first name / child number>

Sponsorship plus Partners of Compassion (\$45 per month)  
[Partner with Compassion to help children and families with urgent needs such as disaster relief, HIV/AIDS, and malaria prevention.]

Sponsorship (\$43 per month)

**KEEP THIS FOR YOUR RECORDS**

Sponsorship plus Partners of Compassion (\$45 per month)

Sponsorship (\$43 per month)

**PASO 2** — **My Contact Information:** [print clearly]  I am a minor (under 18 years old)

First Name: JOHN  
Last Name: DOE  
Address: 1234 MAIN STREET  
City: ANYWHERE  
State: ST ZIP: 10000-0000 Telephone: 100-000-0000  
Email: JOHN@DOE.COM

**PASO 3** — **Payment type**

Monthly Credit Card [First payment will be charged immediately. Additional payments will be deducted automatically each month. You can change this payment method by calling Compassion at (800) 336-7676, Monday through Friday, 7 a.m. to 5:30 p.m. MST.]

Source code: 12345

**(Reverse side)**

**I AM SPONSORING**  
-<child first name / child number>

**PASO 4** — **My Payment:**

Credit/debit card [charge my card each month]

Cardholder First Name: JOHN  
Cardholder Last Name: DOE  
Card No. 1000 1000 1000 1000 Exp. Date [MM/YY] 12/15

A signature is not required to process your credit or debit card payment. Payment via credit or debit card results in significant cost savings and enables better stewardship of sponsorship donations. If you prefer to pay by cash or check please speak with a Compassion table representative.

Premium

Compassion in your name

AA1234567 1234567 AA1234 CDSP POC 58379 N/A FR189