

## APPLICATION TO SPONSOR A CHILD THROUGH iCARE

Thank you for your decision to sponsor a child through the Illubabor Children Agape REsponse. Your sponsorship will mean a great deal in the life of a child in Ethiopia, and your own. Please send this completed application to the iCARE Recruiter as follows:

Att: iCARE Chairperson  
Presbytery of Shenandoah  
1111 North Main Street  
Harrisonburg, VA 22802

*(please print neatly or type)*

1. Name of individual or group wishing to sponsor child: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_

\_\_\_\_\_

2. Phone/E-mail/fax of sponsor: \_\_\_\_\_

3. If group, name of contact person: \_\_\_\_\_

4. Name of sponsor's Church: \_\_\_\_\_

5. Number of Children in Illubabor you wish to sponsor: \_\_\_\_\_

\_\_\_\_\_ (name of sponsor/individual or group) would like to sponsor a child in Illubabor, Ethiopia, through the Illubabor Children Agape REsponse (iCARE). I recognize that as a child's sponsor, I, or we, accept the responsibility to financially support this child at a rate of \$500 per year, payable in October or the first half of November of each year to the Shenandoah Presbytery. This sponsorship *pays for the following calendar year support of the sponsored child.*

If for any reason I am unable to maintain this sponsorship in the future, I will notify iCARE Chairperson, at the name and address stated above, as soon as possible but no later than September 1, of the year I wish to discontinue. This will enable the identification of another sponsor. I have read, understand, and agree to abide by recommendations regarding gifts and letter writing in the interest of all iCARE children.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date