

NEW SPONSORSHIP REGISTRATION

YOUR INFORMATION:

Your Name (please print)	
Street Address, City, State, Zip code	
E-mail address	Name of your church
Home phone	Cell phone
WHO WOULD YOU LIKE TO	
☐ Any child who needs a sponsor	
□ Age (optional): G	ender (optional): □ Boy □ Girl
□ Name of the child you wish to	sponsor:
If you would like to sponsor mor	e than one child, please complete this form for each child.
DONATE TO NIÑOS (Suggeste	d monthly sponsorship is \$30 or more per month per child):
Monthly Donation Amount: \$	Make checks payable to Niños de Baja.
Send this completed form with	your check to Niños de Baja, Attn: Janet Penanhoat, Treasurer,
2390-C Las Posas Road, Box 169	O, Camarillo, CA 93010. Please send your monthly sponsorship che
to this address as well Write "ar	angonghin'? on nome of an angonad shild in manna line of sheels

ck to this address as well. Write "sponsorship" or name of sponsored child in memo line of check.

Online giving: Mail this form to the Niños de Baja Treasurer at the address above, then set up an automatic monthly recurring payment using our secure website. Go to Ninosdebaja.org, and click on the tab "Donate to Niños," then follow the appropriate link. Write "sponsorship" or the name of the child (if you know it) in the comments box when you set up the recurring transaction.

For questions please contact our Child Sponsorship Coordinator, Jackie Short, at (916) 726-1267 or e-mail her at ndbchildsponsorship@gmail.com.

We will contact you within the next few weeks with confirmation of your sponsorship and information about your child. Thank you for your generosity and support of the children. God bless you!

Homes for Orphans of Mexican Extraction, dba Niños de Baja is a 501c3 organization and your donation may be tax deductible.

File name: New Sponsorship Registration website PDF printable form