



“Sponsor A Child”

Sponsor Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Today's Date: _____ **Phone:** (_____) _____

Email: _____

Purchase Information:

Yes, I want to sponsor a child into The First Tee of Central Arkansas' Life Skills Experience Program for one year at a cost of \$240.00.

Yes, I want to renew my child sponsorship for an additional one year term (\$240).

Payment Type: **Cash/Check** **Credit Card** **Direct Debit**

For Credit Card or Direct Debit Only:

Credit Card Number: _____ **Exp Date:** _____

Name on Card: _____ **CVV#:** _____

Direct Debit: **One-time (\$240)** **Monthly (\$20) Checking / Savings (circle one)**

Bank Routing #: _____ **Bank Account #:** _____

By signing below, I agree to the charges associated with sponsoring a child through The First Tee of Central Arkansas program for one year. The cost to sponsor a child is \$240 which will be charged to my credit card or directly debited from my bank account as indicated above.

Signature of Account Holder: _____ **Date:** _____