

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail



I would like to support a:

- Boy     Girl  
 No preference

Age:

- 4-9     10-12  
 13-18     No preference

Your child's picture will be sent to you after this application is processed.

**Remember**  
Those in Bonds - Hebrews 13:3

- I would like to make a one-time donation of \_\_\_\_\_  
 I would like to support an orphan for one year with a one-time gift of \$360  
 I would like to make monthly donations of \$30

**Payment method**

- I am including a check with this letter.  
     for full amount     voided for a monthly draft of \$30  
 Please bill the following credit card \$30 a month:  
     Visa     MasterCard     Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Cardholder's Name (please print)

\_\_\_\_\_  
Cardholder's Signature (required)

Send this completed form to:

Remember  
834 Wappoo Road  
Charleston, SC 29407

Phone: 843-408-7848

Fax: 843-571-7050

Email: info@RememberThose.org