<ul><li>☐ Half Sch</li><li>☐ Full Sch</li></ul>	ship/Donation Type nolarship - \$25/month for ten mo olarship - \$50/month for ten mo on - I would like to make a donati	nths (tota			
☐ Corporate Sponsorship - A company or organization can support a group of children or an					
	assroom. We will assist you in doneck withholdings. Please call for			•	hing
Paymen	t type				
☐ Check	☐ Credit card (circle type):  Name on card:				
	Card #:			Expiration: _	
	Billing Address:			City:	State:
Contact	Information				
Name of sponsoring individual, family, or group:					
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