



To Provide Quality Care for God's Children

www.uglams.org

ULA Sponsorship Application and Payment Form

ULA Child ID*: _____ ULA Child First Name*: _____

*Although we try our best to match you with the child you desire to sponsor, sometimes that child may already be sponsored. We will contact you before we process payment and application to see if this is okay with you or if you don't mind, please check box to the right. We will still provide you the information on the new ULA Child if you decide to approve. [] Yes, it's okay if ULA substitutes another ULA Child

[] \$45.00 per month (Co-Sponsor) [] \$88.00 per month (Full Sponsor) [] \$1000 per year (Lump Sum)

Sponsor Information - Where Would You Like Us to Mail Your Child Packet (Photos, Etc.)?

Sponsor First Name: _____ Sponsor Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Home): _____ Phone Number (Cell): _____

E-Mail Address: _____

Your sponsorship will allow us to provide your sponsored child with spiritual guidance, medical care, and a quality education that will allow him/her to rise above the cycle of poverty and become self-sufficient.

A courteous three (3) months written notification is requested if you should need to discontinue sponsorship for any reason. This will allow us to find a new sponsor for the child and avoid a disruption in their schooling.

Payment Type: [] Check # _____ [] Credit Card [] Money Order [] Other _____

Interested in having us set you up for a monthly recurring payment? Please check the box to the right and we'll contact you or send you the correct forms and verify this is okay to process. [] Yes, I'm interested in a monthly recurring payment.

If mailing a check, credit card, money order or other payment, please mail this form and check or other payment information with your signature and date at the bottom of the form to:

Ugandan Lambs Association USA
P.O. Box 90491
Long Beach, CA 90809

or
Ugandan Lambs Association USA
2995 Hathaway Court
Signal Hill, CA 90755

Credit Card Payment Information*

(*We also offer a secure online link on our website for credit card payments.)

Credit Card # _____
Type of Card (MasterCard/Visa/Discover) _____ (No American Express)
Name on Card: _____
Card Billing Address: _____
CVV Code _____ (on back of card, usually 3 or 4 digits)
Expiration Date: _____

Office Use Only
Sponsor's Photo _____
Sponsored Child Photo _____
Sponsor's Ltr to Child _____
Child's Ltr to Sponsor _____

Cardholder/Sponsor Signature: _____ Date: _____

ULA USA

Ugandan Lambs Association, USA
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