



Rachel's Kids

International Children's Foster Plan in
Sri Lanka

YOUR NEW FOSTER CHILD

Child's Name: _____

Gender: _____ Birthday: D_____/M_____/Y_____

Age: _____ RK Code: _____ School name: _____

FOSTER PARENT SIGN UP FORM

Name: _____ Tel. Number: _____

Address: _____

Postal Code: _____ Email: _____

Number of children being sponsored: _____ Total amount owing: _____

Your annual sponsorship donation is C\$75 per child per year. Rachel's Kids is very proud that **100%** of your donation goes directly to your foster child. **No** portion is spent on administrative costs.

Extra donation to your child/children's education savings account/s: _____ \$

Total amount owing: _____ \$

A charitable tax receipt will be mailed to you. **Please make sure to include your full address including your postal code.**

Cash enclosed or Cheque payable to "Rachel's Kids International" enclosed

Credit Card: Visa Master Card

Card No. _____ Expiry: _____ Version code: _____

By checking this box, I authorize Rachel's Kids to charge \$75 annually to my credit card and/or any extra donation agreed upon as stated on this form. I am aware that I will no longer be receiving this form as a way of renewal and that payment will automatically be applied annually to the credit card below by the Rachel's Kids adoption coordinator.

Signature: _____ Date: _____

Please mail to **Rachel's Kids Foster Parent plan** c/o Kim Lauzon 850 Boundary Rd, Unit 7, Cornwall, ON, K6H 5R5
For any inquiries please don't hesitate to contact Kim Lauzon Executive Director at kim@rachelskids.com

Thank you for your generous support!