

*Mary Odom, Director
Child Sponsorship Program
3120 Cedar Bay Drive
Melbourne, FL 32934*



321-255-6442 (Phone)
321-254-8650 (FAX)
mary@ason.org
www.ason.org

Americans Serving Other Nationals

Instructions for Using Sponsor Information and Donation Verification Form

1. Print this form.
2. Go to Page 2 of 2, and fill in the blank areas.
3. Initial and sign the form in the indicated areas.
4. Send the completed form, your photo, and if payment is by check, your first check payment to ASON International at:

ASON International, Child Sponsorship Program
3120 Cedar Bay Drive
Melbourne, FL 32934
USA

1. If paying by credit card, you may fax this completed form to our office.

Fax: 321-254-8650

1. If you have questions, contact Mary Odom, Director of Child Sponsorship at 321-255-6442 or by e-mail mary@ason.org.
- 2.



*A higher standard.
A higher purpose.*

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Sponsor Information and Donation Verification

Child Name: _____ Child ID: _____ Country _____

Please provide a photo of yourself and/or your family along with this form.

Your sponsored child will receive a copy of your photo along with your introduction letter and we will keep one for our files.

Sponsor Name(s) _____ Sponsorship Start Date _____

Primary E-Mail _____

Secondary E-mail _____

Address _____ City _____ State/Province _____ Postal Code _____

Home Phone _____ Fax Number _____

Name _____ Cell Phone _____ Work Phone _____ Ext. _____

Name _____ Cell Phone _____ Work Phone _____ Ext. _____

Sponsor's Birthday (Month/Day) #1 _____ Sponsor #1 Occupation _____

Spouse's Birthday (Month/Day) #2 _____ Sponsor #2 Occupation _____

How did you find out about our Child Sponsorship Program? _____

Suggested Donation for Child Sponsorship is \$25/Month or \$75/Quarter or \$300/Year

_____ I have enclosed check # _____ for my contribution (please write Child ID# on check)

_____ Charge my credit card for my contribution (ASON International only accepts Visa or MasterCard)

Check One: _____ Visa _____ MasterCard

Charge my credit card _____ Monthly _____ Quarterly _____ Annually in the amount of \$ _____

Start Date (first charge to card) _____

Account Number: _____ Expiration Date: _____

Name (as it appears on your card) _____

Signature: _____

Billing Address if different from above

Address _____ City _____ State/Province _____ Zip _____

Mail this form and your photo to ASON International, Child Sponsorship Program – 3120 Cedar Bay Drive – Melbourne, FL 32934.

If you your payment is by check, enclose your first check payment with this form.

You may Fax to 321-254-8650 or e-mail to mary@ason.org if paying by credit card.

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