Child Sponsorship Form

Your sponsorship of only fifteen (15) pounds per month will help provide care and education, ensuring a brighter and more independent future for a blind child in need.

If you are interested in our project, please complete and return this form to the address above.

DATE: ___________________________________________________

SPONSOR’S NAME ________________________________________________

ADDRESS ______________________________________________________

POST CODE _____________ COUNTRY ______________________

Please indicate with ✓ your preference of the child sponsored, if any:

Sex: Male ☐ Female ☐ Either ☐

Age: 2-10 Years ☐ 11-18 Years ☐ Any age ☐

Payment every: 1 ☐ 3 ☐ 6 ☐ 12 ☐ Months

A photograph and a brief history of the child you are sponsoring will be forwarded to you.

Sponsorship cheques can be made payable to: The National Society for the Visually Handicapped, and sent by regular post to the address above.

Thank you for your support and interest.