



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.