

I (we) would like to :



◇ Sponsor _____ monthly \$ _____, quarterly _____, annually _____, (beginning _____)
Child's Name/Children's Names _____ Date _____

Food, clothing and medical expenses monthly per child = \$50

School expenses monthly per child = \$25

RESCUE Home rent, utilities, transportation, national staff, etc. monthly per child = \$ 50

◇ Providing a one-time gift to Rescue Program \$ _____

◇ Providing \$ _____ toward RESCUE land and building fund

◇ Intercessory prayer for the Child's growth & the work of RESCUE PROGRAM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____

RESCUE PROGRAM INC. graciously handles all financial gifts and provides tax-deductible receipts accordingly. Please make checks payable to RESCUE PROGRAM and include this slip with your gift. Thank you.

RESCUE PROGRAM INC. 3578 SYLVAN LANE, Ellicott City, MD 21043 Ph# (410) 753-2929

Note: The above support slip should be mailed in along with your check to the above RESCUE address.