



Jacksonville Baptist Association Haiti Mission Project Child Sponsorship Form

www.JBAhaiti.org

Please use this form if you prefer to sponsor a child by check.

Your First Name: _____

Your Last Name: _____

Boy or Girl Preference: _____

Payment Amount: \$50/month Other: _____

Payment Period: Monthly Bi-Yearly Yearly

Mailing Address: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email Address: _____

Is This Sponsorship A Gift?

If so, please add the receiver's Name, Address and Email so we can contact them with news and updates on their JBA Haiti child!

Receiver's Name: _____

Receiver's Email: _____

Receiver's Mailing Address: _____

Please make your check payable to **Jacksonville Baptist Association** and write "Haiti Child" in the memo field. Once the payment is received we will assign a child to you and rush you their personal information.

Upon completion of this Sponsorship Form please mail this form and your check to:

**Haiti Sponsor Program
Jacksonville Baptist Association
2700 University Blvd. S.
Jacksonville, FL 32216-2557**