



DIOCESE OF THE ARMENIAN CHURCH OF AMERICA

Children of Armenia Sponsorship Program

"To be loved and cherished: that is every child's birthright."

APPLICATION FORM

SPONSOR'S PERSONAL INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: day () _____ evening () _____

PREFERENCES:

Selecting a preferred gender or age is optional.

If preferences are indicated, CASP will accommodate them if possible.

Gender of Child: Male _____ Female _____

Age of Child: _____

SCHEDULE OF PAYMENT:

One Annual Payment of \$200 per child _____

Two Semi-Annual Installments of \$100 per child _____

Make Checks Payable to: WGCC/Children of Armenia
c/o Mrs. Julie Ashekian
84 Ellsworth Boulevard
Kensington, CT 06037

CASP APPL-920720