



Children of Fallen Heroes

1. Sponsor's Name:
First Name Middle Name Last Name

2. Entity

3. Sponsorship information:

Female children
(how many?)

Age Group: 0-5 6-7 8-9 10-11 12-13

Male children
(how many?)

Age Group: 0-5 6-7 8-9 10-11 12-13

I agree to Sponsor the number of "Children of Fallen Heroes" stated above until the child(ren) reach the Age of 18. As such I pledge to pay the sum of \$330 USD yearly until the child's 18th birthday. I accept that the Armenian Relief Society (ARS) is the official agent of this program. If at any time during my sponsorship I experience financial instability or long-term illness I shall notify the ARS of my difficulties to ensure that a replacement sponsor is found to continue the sponsorship.

4. Most Preferred Method of Communication:

Mail Email

5. I would Like to Receive:

Payment Reminders Information Regarding the children I choose to sponsor

6. Contact Information

Email Phone

Address

City State Zip Code

Country

7. Signature

Date of Signature

MM/DD/YYYY