

**AMERICAN HAITIAN FOUNDATION**  
**3602 Anderson Pike**  
**Signal Mountain, TN 37377**

**STUDENT SPONSORSHIP AGREEMENT**

Sponsoring means that I agree to provide \$15.00 every month for twelve months for each child that I select. The sponsorship will pay for one meal per day per child, books, uniforms, and tuition at St. Antoine-St. Augustine School in Petite Riviere des Nippes, Haiti for one year. Payments may be made monthly (\$15.00 per child), quarterly (\$45.00 per child), or annually (\$180.00 per child). Checks should be made payable to the **American Haitian Foundation** (a 501(c)(3) charitable organization) and mailed to the address stated above. AHF will be responsible for forwarding these funds to the school on a monthly basis. I understand and agree to the above conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

(We DO NOT share any personal information about our donors)

Student Name

ID Number

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I would like to sponsor (#) \_\_\_\_\_ student/s. My total financial commitment is \$ \_\_\_\_\_

Enclosed is a (circle one) monthly/ quarterly/ annual payment of \$ \_\_\_\_\_

*Yes! I want to provide my student(s) with the gift of healthcare (medical & dental) for only \$20 extra (per student) for the year.*

Credit Card: (circle one) MasterCard / Visa / Discover / Amex

Name on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_

If you have questions or concerns, please contact: [jack@americanhaitianfoundation.org](mailto:jack@americanhaitianfoundation.org)