

2019 Student Sponsorship Request

Sponsor Name and address: (Please Print)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____

Email: _____

My wishes for the 2019 School Year:

(\$65.00 for an elementary student (Kinder-6th grade) and \$110.00 for a student in upper grades.)

I would like to sponsor: _____ elementary student(s) (\$65.00 each)

Total: _____

I would like to Sponsor: _____ upper grade student(s) (\$110.00 each)

Total: _____

I would like to sponsor a student as a gift in Memory of:

Name: _____

I would like to sponsor a student as a gift in honor of:

Name of Honoree: _____

Address: _____

City: _____ State: _____ Zip: _____

Where should the spring sponsor packet be sent?

- Yourself
- Honoree

Total Amount: _____ (Make checks payable to "Cristo Salva.")

Check #: _____

Send the completed form and check to:

Cristo Salva
10926 South Hampton Drive
Charlotte, NC 28227

Made Payment through PayPal® at www.cristosalva.org



