

**KEMBALI SPONSORSHIP FORM**

I would like to support a child for

 1 year  2 years  3 years  4 years  5 years  6 years  7 years  8 years  9 yearsbeginning in Grade \_\_\_\_\_  Girl  Boy  Doesn't matterPrimary school: \$150/year    Secondary school: \$220/year  
(Amounts subject to change with inflation)    Additional \$50 for progress report

Donation amount (numerals) \_\_\_\_\_

Donation amount (written) \_\_\_\_\_

Donation  one-time  monthly

Credit Card \_\_\_ Discover \_\_\_ VISA \_\_\_ MC

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_ \_\_\_ \_\_\_

With my signature below, I authorize the National Heritage Foundation (NHF) to process this donation on behalf of YKIP, Foundation No. F1138228. I understand that my billing statement will show a charge from the NHF.

This form may be faxed/sent to either YKIP or to  
The National Heritage Foundation, 6201 Leesburg Pike, Suite 405, Falls Church, VA 22044. Fax + 1 (703) 820-5100  
Checks may be sent to the above address.

Signature \_\_\_\_\_

YKIP is a National Heritage Foundation, a 501 (c)(3) non-profit charity  
TIN 58-2085326 www.nhf.org

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

