



Yes, I want to join in the ministry of "Ecole Chrétienne de Kigali" transforming students into leaders with character.

First Name _____

Last Name _____

Address _____

City _____

State _____ ZIP/Post code _____

Telephone _____

Email _____

- By sponsoring a student @ \$40 a month
- By sponsoring a teacher @ \$250 a month
- By giving \$ _____ per month quarter year
- By giving a special gift of \$ _____ for _____ (specific need)

Enclosed is a check payable to Youth for Christ.

I authorize YFC to deduct from my card/account.

Name _____
(Please print as it appears on the card.)

Tel (____) _____

Signature _____ Date ____/____/____

Checking Account # _____ Routing # _____

For automatic deductions please enclose a voided check

Credit Card: VISA MasterCard American Express Discover Other

Card # ____/____/____/____ Exp Date ____/____

Please return all forms to:

Youth for Christ
International Office
PO Box 4555
Englewood CO 80155-4555 USA

Office use #42508



Youth for Christ

International Office

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