

**Download, Print and Mail the form below to:
Dalit Solidarity Educational Sponsorship Program
2908 Rathton Rd.
Camp Hill, PA 17011**

EDUCATIONAL SPONSORSHIP PROGRAM REGISTRATION FORM

Name _____

Street Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

\$30/mo. (\$360 annual contribution)

A CHECK for the total amount of my sponsorship
is enclosed in the amount of \$360.00

Please bill my **CREDIT CARD** for a **single payment** in the amount of
\$360.00

Please bill my **CREDIT CARD** on a **monthly basis** in the amount of
\$30.00/month

Circle one: VISA / MASTERCARD / DISCOVER / AMEX

Card # _____ Exp Date _____

Signature _____

Security Code # _____

Please have the monthly payment of \$30.00 deducted from my checking account via
ELECTRONIC FUNDS TRANSFER and transferred to Dalit Solidarity, Inc.

PLEASE ATTACH A VOIDED CHECK.

Your Name (print) _____

Your Signature _____