

**SPONSORSHIP/DONATION PAYMENT FORM**

I (we) would like to sponsor a child/a student in need with their education.

- A child in most need     Boy or  Girl  
 A college student     Boy or  Girl

**Donation**

I (we) will make a sponsorship donation and choose the following payment schedule:

- \$ 30.00 – Monthly     90.00 – Quarterly     \$180.00 – Half-Yearly     \$360.00 – Annually  
 I would like to make One Time Donation \$  for your Charity Activities.

**Optional** I would like to make this donation in Honor/Memory of \_\_\_\_\_

Please Make your check payable to Dalit Solidarity and Mail to Post Box 112, Hines, IL 60141 or Pay by Credit/Debit Card for One time or Recurring Donation. You can also donate online at [www.dalitsolidarity.org](http://www.dalitsolidarity.org)

**BILLING INFORMATION**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please Bill my **CREDIT/DEBIT CARD** for an Amount of \_\_\_\_\_  One Time     Recurring

Please Choose:     VISA     MASTERCARD     DISCOVER     AMEX

Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

*If you have question, please feel free to call at 708-612-4248 or Email to: [dalitsolidarity@gmail.com](mailto:dalitsolidarity@gmail.com). Please Mail your Donation/Sponsorship form to: **Dalit Solidarity, Inc. Post Box 112, Hines, IL 60141.***