

Valerie Project Sponsorship Application

Sponsor Information

Name:

Address:

Phone Number(s):

Email Address:

Sponsorship Preferences:

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_____ I would like to make a Valerie Project Sponsorship donation of \$_____

_____ I would like to begin a monthly sponsorship of a Valerie Project child.

The child I would like to sponsor is _____.

I would like to sponsor in the amount of \$_____ monthly.

I would like to be invoiced monthly by:

_____ email (preferred) _____ mail

I would like to receive updates about the child I am sponsoring by:

_____ email (preferred) _____ mail

Please mail this application along with your sponsorship payment to:

Carrie's Heart
14354 Memorial Drive #1006
Houston, Texas 77079

Questions about the Valerie Project Sponsorship?

Read more online at www.carriesheart.org
Contact Carrie Conn at carrie@carriesheart.org or 281-856-6251