



Mail To: 2505 Cedarwood Ave Ste 5
Bellingham, WA 98225

Yes, I want to Support Blue Skies for Children!

Name or Group: _____

Mailing Address: _____

City, State, Zip: _____

Home/Bus. Phone: _____ Cell: _____

Email Address: _____

Please Select One of the Following:

A. I wish to Sponsor-A-Child on a monthly basis and I understand the cost to sponsor one child for one month is \$50.00.

I prefer to Sponsor-A-Child participating in a **Little Wishes Enrichment Program** who is participating in:
Music Art Martial Arts Dance/Ballet/Jazz Sports Gymnastics Other _____
I wish to sponsor _____ child(ren) per month and will donate the monthly amount of \$_____

I prefer to Sponsor a different child each month participating in the **One-Time Little Wishes Program**:
I wish to sponsor _____ child(ren) per month and will donate the monthly amount of \$_____

B. I am interested in supporting Blue Skies for Children, and designate the funds to be used for:

Little Wishes Programs Operating (*circle one*)

I wish to make a ONE TIME donation in the amount of \$_____

C. I am interested in supporting Blue Skies for Children, to be used where most needed:

I wish to donate (monthly / one time) in the amount of \$_____

Payment Type (*circle one*): Check Credit Card

Total Donation to be Paid(*circle one*): Monthly \$_____ Quarterly \$_____ Annually \$_____

Credit Card Type (*circle one*): Visa MasterCard Debit

Note - Credit Card payments are processed on or about the 15th of each month

Credit Card Number: _____ Exp. Date: ____/____

Name on Card: _____ Zip Code: _____

I understand that I may notify Blues Skies to discontinue my monthly support at any time.

Signature: _____ Date: _____

Print Name: _____