

HONDURAS OUTREACH, INC.
2010 CULUCO EDUCATION PROGRAM

I. SPONSOR'S CONTACT INFORMATION

Date: _____

Type of sponsor (check one) Individual/Family _____ Group _____

If Group, name of group: _____

Contact Name: _____

Church Affiliation: _____

Email: _____

(Please note that student photos are taken digitally and will be delivered by email only)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

II. 2010 SPONSORSHIP COMMITMENT

| Number | Type | Total |
|--------|-------------------|-------|
| | \$250 Sponsorship | |
| | \$100 Uniform | |

If you sponsored in 2009, student's name(s) _____

(Efforts will be made to match returning sponsors and their re-qualifying students.)

Please let us know when to expect your gift – check the appropriate space(s):

___ I am enclosing \$ _____ (Check number _____)

___ Annually (If not enclosed, will send on _____)

___ Quarterly (payment in Feb, May, Aug, Nov)

___ Credit Card payment online (already submitted on _____ OR will pay on _____)

___ Other (please specify) _____

Please contact Betsy Turner in the HOI Office with any concerns, questions, or changes to the above information: 404-327-5770, HondurasOutreach@gmail.com.

All payments should be sent to: **Honduras Outreach, Inc.**
Attn: Scholarship Program
4105 Briarcliff Road NE
Atlanta, GA 30345