



**HAITIAN HELPING HAITIAN ORGANIZATION**  
**SPONSORSHIP FORM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

By sponsoring a child you will be providing them with a multi-sponsor care program. Your monthly gift of \$35 will help provide your child with housing, food, clean water, medical care, education, clothing and spiritual discipleship.

**Child Selection:** Boy  Girl  No Preference

**Age Preference:** 3-7  8-12  13-17  No Preference

Sponsors may pay monthly (\$35), quarterly (\$105) or yearly (\$420)

Please make checks payable to: HHHO Box 109 Coleman, WI 54112

Memo: Your Sponsor ID#

*(\*Once you receive your information packet, you will be given a Sponsor ID #\*)*

**Contact Info:**

Email: Connie Marthaler [haitilady4@hotmail.com](mailto:haitilady4@hotmail.com). Click on the SEND button below to submit your form online. If you prefer, you can print the completed form and mail to HHHO, PO Box 109, Coleman, Wi 54112

\*You need an email client installed to submit online. If you don't have one, please print and mail.