

RwandaJoy

129 Pattison Ave

P.O. Box 540

Marienville, PA. 16239

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SPONSOR INFORMATION FORM

Name: _____

Address: _____

City/State/Zip _____

Phone (____) _____ - _____

SPONSORSHIP INFORMATION

Name of Student _____

Sponsorship Level	Amount	Monthly (Y/N)	One-Time Only (Y/N)	Other Frequency
Elementary	\$50.00			
Secondary	\$100.00			
University				
Living Support				
Medical Support				
Desks	\$33.00			
Administrative Support				

TOTAL ENCLOSED \$ _____

Do You Wish to Connect With Your Student (Facebook/Mail)? Y / N