



Juna Amagara Ministries

Application for Child Sponsorship

1. Adults who are interested in sponsoring of a child under the care of Juna Amagara Ministries – or supporting the general operating budget of Juna Amagara Children's Home, should complete the Application for Sponsorship, also available on the website, and return to the coordinator of the Juna Amagara Child Sponsorship program.
2. Upon receipt of the application, the coordinator will assign a specific child to the sponsor and send out the biographical materials available. If the potential sponsor has had the opportunity to identify a not-yet sponsored child on the website, he/she may request a particular child in the application.
3. Children needing sponsorship may be living in one of the Juna Amagara Children's homes or with guardians in a local village, or they may be boarding students at secondary school. It is the job of the ministry to ensure that all children receive good food, a loving, Christian home environment, medical care and paid school fees.
4. Children are eager for your sponsorship. The intent of the Juna Amagara Child Sponsorship program is to nurture a close relationship between sponsor and child via letters, email, photos and possible visits of the sponsor to Uganda. Sponsors will be changed only in the event a sponsor finds it impossible to continue the financial obligation, or until the child graduates from the program at the end of secondary school.
5. Regular communication is important to the success of this program. Through regular correspondence we hope each child will begin a relationship with you that they can depend on for love, encouragement, and spiritual sharing. It is our goal to have children write to their sponsors twice each year and, hopefully, sponsors will reply in kind.

Payment of Support

1. The cost of child sponsorship as of January 1, 2011, is \$35.00 per month, or \$420.00 per year. The actual disbursement of funds is at the discretion of the Ministry.

2. Monthly support for the Child Sponsorship program may be made through automatic bank withdrawal or credit card. This is the preferred method of payment to minimize the ministry's administrative costs. The form for automatic payment is part of this packet but is also available on-line at www.amagara.org. Annual lump sum payments by check are also an acceptable method of payment.

3. In addition to child sponsorship, the Ministry gratefully accepts special gifts made to support the operating budget that pays for qualified personnel in Uganda to operate the Ministry.

Donations should be made payable to Juna Amagara Ministries and sent to PO Box 2384, Glen Ellyn, IL 60138.

Juna Amagara is recognized by the Internal Revenue Service as a 501(c)3 not-for-profit organization and thus all donations receive the maximum deduction allowed by law.

4. If you are applying for sponsorship with these forms, please provide complete information and send to:

Director of Child Sponsorship
Juna Amagara Ministries
PO Box 2384
Glen Ellyn, IL 60138

APPLICATION FOR CHILD SPONSORSHIP

Date _____

Sponsor Name: _____

Sponsor Address: _____

Email address: _____

Preferred telephone number: _____

Church Affiliation (if any): _____

_____ I am interested in sponsoring a child under the care of Juna Amagara Ministries at the annual rate of \$420.00 per year

_____ Please assign me to (Name of child and ID#): _____

_____ Please assign me a child in need.

_____ I am also interested in supporting the ongoing operating budget of a Juna Amagara Children's Home in the amount of \$ _____ per month.

Monthly support for the Child Sponsorship program and operating budget support must be made through automatic bank withdrawal or automatic credit card. These transactions are 100% secure.

A lump sum annual payment of \$420.00 may also be made on-line or by personal check.

My chosen method of support (check one):

_____ Automatic giving from bank account or credit card
(form returned with this application)

_____ Automatic giving from bank account or credit card
(form completed on-line)

_____ Annual check payment of \$420.00 (check enclosed)

Please return this application and any payment to:

Director of Child Sponsorship
Juna Amagara Ministries
PO Box 2384
Glen Ellyn, IL 60138

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

JUNA AMAGARA MINISTRIES

ES6944

Envelope # (leave blank if not applicable)		Phone Number	E-mail Address
Last Name		First Name	
Address			
City	State	Zip	

Date of first contribution: ____/____/____	Frequency of contribution: (check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly – Debited on the 1 st of the month <input type="checkbox"/> Annually – Debited on the 1 st of the month	Church fund designations and amounts: <input type="checkbox"/> Child Sponsorship \$ _____ <input type="checkbox"/> Scholarship \$ _____ <input type="checkbox"/> Unrestricted \$ _____ Total \$ _____
Special Instructions:		

CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize Juna Amagara Ministries and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
	Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the Juna Amagara Ministries and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

*Please staple voided check over credit card section above if using checking account.
 Please mail the completed form to: Juna Amagara Ministries, P.O. Box 2384, Glen Ellyn, IL 60138-2384
 Email to info@emagara.org*