



Child Sponsorship Form

Sponsorship Selection

I would like to participate in:

Sponsor specific child: _____ OR Sponsor any child in need

Child's Name

I agree to contribute \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
or a One Time Donation \$ _____

Sign _____ Date: _____

I would like to receive a Monthly, Quarterly, Annual reminder statement. (Circle One)

I would like to join CFNB Newsletter Mailing List

Payment Methods

I will submit payment by mail

I will submit payment online thru www.nbeginnings.org
website using the PayPal link option.

Mr./Mrs./Miss _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

The Center for New Beginnings
PO Box 1066
Waynesboro, GA 30830
Email: director@nbeginnings.org
Phone: 706-437-0505
Fax: 706-554-6219

On behalf of our families and staff we appreciate your support!

CFNB is a 501c3 Nonprofit (tax ID 51-0533883)

All donations are tax deductible.

You will receive a tax donation letter in January for the previous year's donations.