
Latitude Collaborative Sponsor-a-Scholar

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Email: _____

I would like to sponsor one (1) child for \$30 per month

I would like to sponsor two (2) children for \$60 per month

I would like to make a one time donation of...

\$100 \$250 \$500 \$1000 Other \$ _____

Payment Options:

pay by check on the 1st of each month

pay by direct debit or withdrawal - to be processed on the 1st of each month

To pay by direct withdrawal from bank account:

Bank _____

Account # _____

Routing # _____

To pay by debit or credit: (please circle type)

Visa/MasterCard/AmericanExpress/Discover

Card # _____

Exp. Date ____/____ CVC: _____

Signature: _____ Date: _____

I would like this donation to remain anonymous

This donation is being made on behalf of: _____

(in honor or memory of an individual or family; business sponsor; church partner, etc.)