



THE RWANDA SCHOOL PROJECT

___ Yes, I plan to sponsor a student. ___ No, I do not plan to sponsor a student.

If yes, you can renew online at www.rwandaschoolproject.org or by returning this form.

Sponsor Information

Your name: _____
(individual or organization)

Address: _____
(post office box, or number and street)

(city, state, zip code)

Phone number: _____
(including area code)

E-mail address: _____
(individual or organization)

Payment options for the 2017 school year

Options:	Yearly	Semi-annually	Quarterly	Monthly
	<input type="checkbox"/> \$1,680	<input type="checkbox"/> \$840	<input type="checkbox"/> \$420	<input type="checkbox"/> \$140

Credit Card Information

Type card (Visa, Master Card, AMX, or Discover): _____ Exp date: _____

Card number: _____ 3 or 4 digit code: _____

Authorized signature _____

Please return this form to:
Rwanda School Project
1300 St. Francis Road
Santa Rosa, CA 95409

Thank You!

LEARN. EMPOWER. LEAD.

Rwanda School Project * Tax Id #20-3545455 * 501(c)(3) a nonprofit corp