

Seeds of Hope Ministry



2016 SEEDS OF HOPE SPONSORSHIP FORM

Complete this form and mail a check by November 1 payable to FoC.

STUDENT NAME: _____

STUDENT ID NUMBER: _____

SPONSOR NAME: _____

ADDRESS: street _____

city _____ state _____ zip _____

YOUR CHURCH CONGREGATION: _____

YOUR EMAIL _____

YOUR PHONE (____) _____ - _____

___ \$180 for K-Grade 9 student*

___ \$360 for High School student* (bach 1, 2, or 3)

___ \$1500 for University student*

___ Shared University Scholarship: \$250, \$500, \$750 or \$_____

___ Donation to Seeds of Hope: \$_____

If you sponsor more than 1 student, write one check for all.

Please make your check **payable to: Family of Christ**

and write *Seeds of Hope* in the memo line

Mail to:

Seeds of Hope c/o Family of Christ Lutheran Church

2020 Coulter Boulevard • Chanhassen MN • 55317

Check amount: _____ Check number: _____

**Please note: If your student discontinues school for any reason, your donation will support another student in the Seeds of Hope program.*

Contributions are 100% tax-deductible