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CHILD SPONSORSHIP APPLICATION

Date: _____

Name: _____

First name

Last name

Address: _____

Number

Street

City

Province

Postal code

Country

Telephone: _____ Mobile number: _____

Email address: _____

I would like to sponsor: ☐ Boy ☐ Girl ☐ No Preference

Preferred Age Range: ☐ 5-9 ☐ 10-13 ☐ 14-18 ☐ No Preference

Monthly Sponsorship:

Please charged my monthly sponsorship: ☐ Visa ☐ Mastercard ☐ AMEX

Card Number

Exp. Date (MM/YY)

Cardholder Name

Authorized Signature (required)

Date