



Sponsor-A-Champion



Make a positive impact on a child's future

☐ Yes! I want to s	sponsor	(number of) Champion(s) for the 2023-2024 school ye	ear!
□ Воу	□ Girl	☐ No Preference	
		ponsor-a-Champion program with a donation of \$ npion for correspondence.	but do no
Contact Informa	tion:		
Name(s):			
	il: Cell Phone:		
Address:			
City, State, ZIP:			
Payment Method	d		
☐ Check Enclosed	d		
☐ Please charge	my credit card	a one-time fee of \$400 per champion for the 23-24 school	ol year.
☐ Please charge	my credit card	\$40 a month per champion until further notice.	
Name on Card:		CVC Code:	
Card Number:		Exp. Date:	
Signature:		Date:	

You may also donate online at www.malwashington.com/donate or by calling 904-359-5437.

Return this form along with your donation to:

MaliVai Washington Youth Foundation 1055 W. 6th Street | Jacksonville, FL 32209 904.359.5437 | champion@malwashington.com