



South East Asian Orphan Foundation

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SOUTHEAST ASIAN ORPHAN FOUNDATION PROGRAM ENROLLMENT FORM

Date:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

SEAOF ORPHAN SPONSORSHIP PROGRAM

Please enroll me in the "Orphan Sponsorship Program" - "OSP"

I would like to sponsor Orphan(s).

SEAOF FAMILY SPONSORSHIP PROGRAM

Please enroll me in the "Family Sponsorship Program" - "FSP"

I would like to sponsor ONE Guardian and Children.

SEAOF HOPE HOUSE DONATION PROGRAM

I am enclosing the Funds for the Donation of a "Hope House"

Specify Name to appear on Plaque of house:

Comments: