



# CHALDEAN FEDERATION OF AMERICA ADOPT-A-REFUGEE-FAMILY SPONSORSHIP FORM



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

My Check is enclosed in the amount of: \_\_\_\_\_

*\* make checks payable to The Chaldean Federation of America*

Bill my credit card monthly

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

3 Digits on Back \_\_\_\_\_  Visa  American Express  
 MasterCard  Discover

Donation: I would like to Adopt-A-Refugee-Family in one of the following manners: *(check one)*

MONTHLY installments of \$\_\_\_\_\_/month

QUARTERLY installments of \$\_\_\_\_\_/quarter

YEARLY installment of \$\_\_\_\_\_/year

ONE TIME donation of \$\_\_\_\_\_ (\$50 minimum)

I would like to receive communication from my adopted family via: *(check one)*

Email  U.S. Mail

I would NOT like to receive any communication from my refugee family

CHALDEAN FEDERATION OF AMERICA  
30777 NORTHWESTERN HWY. SUITE 300  
FARMINGTON HILLS, MI 48334.  
PHONE (248) 851-3023  
FAX (248) 851-9551

[WWW.ADOPTAREFUGEEFAMILY.ORG](http://WWW.ADOPTAREFUGEEFAMILY.ORG)