



***Enrollment Form Canada***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, Province, Code \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Congregation where membership is held \_\_\_\_\_

Please mark the plan you wish to enroll in

- Plan A – I plan to adopt a child and expect to receive adoptive parent benefits.  
Cost - \$50 per month for a minimum of 30 months. Monthly invoices will be mailed.  
Staff signature is required below for all Plan A applicants.
- Plan B – I do not plan to adopt a child but wish to contribute on a monthly basis.  
Cost - \$50 per month until I cancel my enrollment. Monthly invoices will be mailed.
- Plan C – I do not plan to adopt a child but wish to make a donation. My donation is enclosed.

***Please note –***

***Children's Adoption Aid is not a registered charity; therefore we cannot give out charitable donation receipts.***

***All cheques should be in Canadian funds and should be mailed to the Mennonite Union Aid Canada office. (See addresses below.) Adoption benefits will also be paid in Canadian funds.***

***Staff Approval (Plan A participants only)***

We have reviewed this application and approve of this couple's plans to adopt a child and their application for adoption aid.

Signature \_\_\_\_\_

**Address for enrollment forms:**  
Children's Adoption Aid  
PO Box 336  
Montezuma, KS 67867  
Fax: 888-456-0671

**Address for mailing payments:**  
Children's Adoption Aid  
Box 411  
Kleefeld, MB R0A 0V0