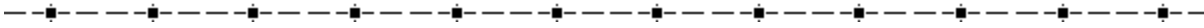


Children's Adoption Aid

PO Box 336, Montezuma, KS 67867 - mail@caa.faith - Tel 620-846-2286 - Fax 888-977-8852



Enrollment Form USA

Name _____
Address _____
City, State, Zip _____
Tel _____ Fax _____
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. Staff signature is required below for all Plan A applicants.
 - Please send me monthly invoices.
 - I wish to be enrolled in the automatic bank withdrawal program. Please send me the necessary enrollment form.

- 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.
 - Please send me monthly invoices.
 - I wish to be enrolled in the automatic bank withdrawal program. Please send me the necessary enrollment form.

- Plan C – I do not plan to adopt a child but wish to make a donation. My donation is enclosed.

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 _____

Please send completed form to the Montezuma office at the address or number shown above.