



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 _____ Date _____

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