

Global Family Alliance Payment coupon

Please include with any payment sent to GFA

Send to: Global Family Alliance, PO Box 27, Carlsborg, WA 98324

Family Name: _____ Donors Name: _____

(If different from Host Family)

Guest Child Name _____

Amount: _____ Check # _____ Please apply this amount towards:

Application Fee \$50.00 _____ General Scholarship: _____

Hosting Fee: _____ General Operating Funds: _____

Other _____

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