

International Children's Network Payment Coupons

Please include the proper payment coupon with each payment. *If you have already paid* for the month noted, please disregard the payment coupon. Write your check's to ICN. Mail your payment and coupon to; International Children's Network (ICN) P.O. Box 7695 Covington, WA 98042



December 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



November 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



October 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



If you are interested in automatic payments, please contact us at 253-632-8181 or

sponsorship@icnchildren.net.

Please update any *new* information

Name: _____ Phone: _____

Address _____ E-mail: _____

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September 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



August 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



July 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



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June 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



May 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



April 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



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Please update any *new* information

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March 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



February 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



January 2020 Payment

Sponsor Name: _____

Child's Name: _____ Number # _____

Child's Name: _____ Number # _____

Pay by credit card

Card # _____ Expiration _____ 3 digit code on back _____

Amount \$ _____ X sign: _____

E-mail: _____



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Please update any *new* information

Name: _____ Phone: _____

Address _____ E-mail: _____