



I would like to Sponsor-a-Nun:

Name: _____

Address: _____

Email: _____

I would like to Sponsor-A-Nun's Health Insurance: \$_____

I would like to Sponsor-A-Nun's Living Expenses: \$_____

Checks may be made payable to: POOR CLARES OF PERPETUAL ADORATION

I would like this sponsorship to be:

In memory of _____ In honor of _____

In gratitude for _____

Your sponsorship of a nun will begin upon reception of contribution and as sponsorships are available. If you would like to sponsor a specific Nun or if you would like to designate the time of your sponsorship, please let us know.

Mail completed form to: Poor Clares of Perpetual Adoration, P.O. Box 92, Black Canyon City, AZ 85324

Quick Look Expense Chart

Per Nun	Health Insurance	Living Expenses
1 day	\$10	\$5
1 week	\$70	\$35
1 month	\$310	\$150
3 months	\$930	\$450
6 months	\$1860	\$900
9 months	\$2790	\$1350
1 year	\$3700	\$1800