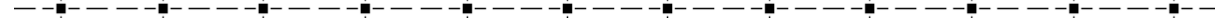




Monthly Sponsorship Form



Please fill this form out with Credit/Check card information. You will receive a receipt via email.

Sponsorship Amount per Month: \$ _____.

Date: _____

Card #: _____

Name on Card: _____

Type: Visa MC Disc AmEx

Exp. Date: _____ Security Code: _____

Email Address: _____

Home Address: _____

By signing below, I agree to become a monthly sponsor of EBO Educational Services, LLC for the amount given above. I allow EBO Educational Services to charge my account for the amount of _____ USD every month.

Printed Name: _____

Date: _____

Signature: _____

<p><u>You may send this form via:</u></p> <p>Mail: EBO Educational Services, LLC 1900 Pennsylvania Ave. McDonough, GA 30253</p>	<p>Scan/Email: jburt@educationbuildsopportunity.com</p> <p>Fax: (404) 393-5128</p>
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Thank you so much for your support and love!