



Child Education Sponsorship Form

Name(s)	_____		
Address	_____		
City	State	Zip Code	
Phone	()	Email	_____
For Groups – Organization/Group Name:			
I would like to sponsor: <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> No Preference			
Preferred Age Range: <input type="checkbox"/> 4-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> No Preference			
			Monthly Child Sponsorship: \$ 36
<input type="checkbox"/> Yes, I'd like to donate \$4 each month to help HFHC with Operational expenses:			\$
Total Monthly Pledge:			\$

Payment Frequency (choose one)

- Monthly Quarterly (Monthly Pledge x 3) Annual (Monthly Pledge x 12)

Contribution Method: (choose one)

- AUTOMATIC CHECKING ACCOUNT WITHDRAWAL** - Please attach a voided check for a checking account or a deposit slip for a savings account from the account you want drafted.

Please withdraw my monthly sponsorship gift from my account on the 1st or 15th (check one) of each month.

Authorized Signature (required)

Date

- MONTHLY DEBIT/CREDIT CARD** - Your first gift and each monthly sponsorship gift will be charged to your card on the same day each month. Visa American Express MasterCard Discover

Card Number

Exp. Date (MM/YY)

Cardholder Name

Authorized Signature (required)

Date

Please charge my monthly sponsorship gift to the card shown above on the 1st or 15th (check one) of each month.

- CHECK** – Enclose a check payable to Hope for Haiti's Children for your first gift and pay each month on receipt of a pledge reminder.

MAIL TO:

Hope for Haiti's Children or

P.O. Box 62328

Cincinnati, OH 45262-0328

FAX TO:

888.316.9646