## Donation Form

| Name(s) | ________________________________ |
| Address | ________________________________ |
| City    | ________________________________ | State | ________ | Zip Code | ________ |
| Phone   | ( ) _____________________________ | Email | ________________________________ |

**For Groups – Organization/Group Name:**

- I would like to give to a specific HFHC Program:
  - [ ] Project Hope
  - [ ] Orphan Care Sunday
  - [ ] Children’s Food Fund
  - [ ] Mission Trip Payment
  - [ ] Where Needed Most
  - [ ] ____________________________

  **Donation Amount:** $

- [ ] Yes, I’d like to add to my donation to help HFHC with Operational expenses:

  **Total Donation:** $

**Please choose the donation frequency: (choose one)**

- [ ] One-Time
- [ ] Monthly
- [ ] Quarterly
- [ ] Annually

**Contribution Method: (choose one)**

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

  Please withdraw my Total Donation amount from my account on the [ ] 1st or [ ] 15th (check one) at the donation frequency chosen above.

  ____________________________ ____________________________
  Authorized Signature (required) Date

- [ ] DEBIT/CREDIT CARD

  Please charge my Total Donation amount to the card shown above on the [ ] 1st or [ ] 15th (check one) at the donation frequency chosen above.

  [ ] Visa [ ] AmEx [ ] MasterCard [ ] Discover

  Card Number __________________________ Exp. Date (MM/YY) CVV

  Cardholder Name __________________________

  ____________________________ ____________________________
  Authorized Signature (required) Date

- [ ] CHECK – Enclose a check payable to Hope for Haiti’s Children for your first gift and pay at the donation frequency chosen above upon receipt of a pledge reminder.

**MAIL TO:**

Hope for Haiti’s Children

P.O. Box 62328

Cincinnati, OH 45262-0328

**FAX TO:**

or 888.316.9646

**TEL** 888.316.9646 **FAX** www.hopeforhaitischildren.org