Child Education Sponsorship Form

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code *** _____

Phone ( ) _____ **Email *** _____

For Groups – Church/Group Name: _____

I would like to sponsor: Gender ☐ Boy ☐ Girl ☐ Either **Age Range** ☐ 4-8 ☐ 9-12 ☐ 13-18 ☐ Any Age

Name of Child (if known): _____

Monthly Child Sponsorship:	$ 42
❑ Yes, I'd like to donate each month to help HFHC with Operational expenses:	$
Total Recurring Amount:	$

**Email and Zip Code required to process credit card*

Payment Frequency: (choose one)

❑ Monthly - $42 charged each month

❑ Quarterly - $126 charged every 3 months

❑ Annually - $504 charged each year

❑ *I understand that this is a recurring donation that will continue until I notify HFHC to cancel or change it.*

Contribution Method: (Choose one)

❑ **AUTOMATIC ACCOUNT WITHDRAWAL -** Attach a voided check for a checking account or a deposit slip for a savings account from the account you want drafted. *Choose the ❑ 1st or ❑ 15th of the month.*

Routing Number _____ Account Number _____ Authorized Signature (required) _____ Date _____

❑ **DEBIT/CREDIT CARD -** After your first payment is processed each additional sponsorship gift will be charged to your card on the selected date. *Choose the ❑ 1st or ❑ 15th of the month.*

❑ *Visa* ❑ *American Express* ❑ *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 each additional gift on receipt of a pledge reminder.

MAIL TO:
Hope for Haiti's Children
P.O. Box 62328
Cincinnati, OH 45262-0328

or

FAX TO:
888.316.9646