





Name(s)			
Address			
City		State	Zip Code *
Phone	()	Email *	
For Groups – Church/Group Name:			
I would like to s	ponsor: Gender 💹 👢		Range
Name of Child (i	Boy Gi	rl Either	4-8 9-12 13-18 Any Age
Name of Child (i			
_		-	Child Sponsorship: \$ 42
☐ Yes	, I'd like to donate each mo	nth to help HFHC with Op	·
			Total Pledge: \$
*Email and Zip Code required to process credit card			
Payment Frequency: (choose one)			
☐ Monthly (\$42) ☐ Quarterly (\$126) ☐ Annually (\$504)			
Gilliam (\$42) Guarterly (\$126) Gilliam (\$304)			
Contribution Method: (Choose one)			
ALITOMATIC ACCOUNT MUTURD AMAI. Attach a validad about for a checking account or a deposit alia			
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 $\Box 1^{st}$ or $\Box 15^{th}$ of the month.			
5		,	,
Routing Number	Account Number	Authorized Signatu	ure (required) Date
_		•	additional sponsorship gift will be
charged to your card on the selected date. Choose the \square 1 st or \square 15 th of the month.			
☐ Visa ☐ American Express ☐ MasterCard ☐ Discover			
	_ 7	p. ess	= 5.33376.
Card Number			
Card Number		Exp. Date (N	MM/YY) CVV
Cardholder Name		Authorized Sig	gnature (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:		КТО:
	Hope for Haiti's Chile	dren or 888.:	316.9646
P.O. Box 62328			
Cincinnati, OH 45262-0328			