



Child Education Sponsorship Form

Name(s)	_____		
Address	_____		
City	State	Zip Code *	
Phone	()	Email *	
For Groups – Church/Group Name: _____			
I would like to sponsor: Gender <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Boy Girl Either			
Age Range <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4-8 9-12 13-18 Any Age			
Name of Child (if known): _____			
			Monthly Child Sponsorship: \$ 42
<input type="checkbox"/> Yes, I'd like to donate \$4 each month to help HFHC with Operational expenses:			\$
Total Pledge:			\$

*Email and Zip Code required to process credit card

Payment Frequency: (choose one)

Monthly (\$42) Quarterly (\$126) Annually (\$504)

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 or
P.O. Box 62328
Cincinnati, OH 45262-0328

FAX TO:
888.316.9646