



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"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either			
Age Range <input type="checkbox"/> 4-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> Any Age			
Name of Child (if known): _____			
			Monthly Child Sponsorship: \$ 36
<input type="checkbox"/> Yes, I'd like to donate \$4 each month to help HFHC with Operational expenses:			\$
			Total Pledge: \$

Payment Frequency (choose one)

Monthly (\$36) Quarterly (\$108) Annual (\$432)

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 sponsorship gift from my account on the 1st or 15th (check one) each time.

Authorized Signature (required)

Date

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

Card Number

Exp. Date (MM/YY)

CVV

Cardholder Name

Authorized Signature (required)

Date

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

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

MAIL TO:

Hope for Haiti's Children or

FAX TO:

888.316.9646

P.O. Box 62328

Cincinnati, OH 45262-0328