



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 _____

<input type="checkbox"/> Yes, I’d like to add to my donation to help HFHC with Operational expenses:	Donation Amount: \$
	\$
	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.

Thank You!

MAIL TO: FAX TO:
Hope for Haiti’s Children or **888.316.9646**
P.O. Box 62328
Cincinnati, OH 45262-0328