



Dulce Refugio Donation Form



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|---|--|
| Name: <input style="width: 95%;" type="text"/> | Date: <input style="width: 95%;" type="text"/> |
| Street: <input style="width: 99%;" type="text"/> | |
| City: <input style="width: 95%;" type="text"/> | Province /State : <input style="width: 95%;" type="text"/> |
| Postal Code: <input style="width: 95%;" type="text"/> | Country: <input style="width: 95%;" type="text"/> |
| Phone: <input style="width: 95%;" type="text"/> | Email: <input style="width: 95%;" type="text"/> |

Child Sponsorship:

| | |
|---|--|
| Child's name preference: <input style="width: 95%;" type="text"/> | Child's number: <input style="width: 95%;" type="text"/> |
| Child's name preference: <input style="width: 95%;" type="text"/> | Child's number: <input style="width: 95%;" type="text"/> |
| Monthly Payment: | \$30.00 <input type="checkbox"/> \$60.00 <input type="checkbox"/> \$90.00 <input type="checkbox"/> \$120.00 <input type="checkbox"/> |

National / Foreign Volunteer Sponsorship:

| | | |
|--|---|---|
| National Volunteer <input type="checkbox"/> | Monthly Amount: \$ <input style="width: 95%;" type="text"/> | Single Gift Amount: \$ <input style="width: 95%;" type="text"/> |
| Foreign volunteer <input type="checkbox"/> | Monthly Amount: \$ <input style="width: 95%;" type="text"/> | Single Gift Amount: \$ <input style="width: 95%;" type="text"/> |
| Name: <input style="width: 95%;" type="text"/> | | |

Gift Catalog donation

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|--|---|---|---|---|
| Item: <input style="width: 95%;" type="text"/> | Item Name: <input style="width: 95%;" type="text"/> | Qty: <input style="width: 95%;" type="text"/> | Amt \$ <input style="width: 95%;" type="text"/> | Total: <input style="width: 95%;" type="text"/> |
| Item: <input style="width: 95%;" type="text"/> | Item Name: <input style="width: 95%;" type="text"/> | Qty: <input style="width: 95%;" type="text"/> | Amt \$ <input style="width: 95%;" type="text"/> | Total: <input style="width: 95%;" type="text"/> |
| Item: <input style="width: 95%;" type="text"/> | Item Name: <input style="width: 95%;" type="text"/> | Qty: <input style="width: 95%;" type="text"/> | Amt \$ <input style="width: 95%;" type="text"/> | Total: <input style="width: 95%;" type="text"/> |

Donation Method

| | |
|--|---|
| Pre- Authorization Type. <input style="width: 95%;" type="text"/> | Personal |
| Post Dated Cheques (Please include cheques) <input type="checkbox"/> | Monthly <input type="checkbox"/> |
| Credit Card <input type="checkbox"/> | Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> |
| Credit Card # <input style="width: 95%;" type="text"/> | Exp Date: <input style="width: 95%;" type="text"/> |
| Total single donation: \$ <input style="width: 95%;" type="text"/> | Total Monthly Donation: \$ <input style="width: 95%;" type="text"/> |

Terms and Conditions:

- I will notify Children of Hope, in writing, of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit items changed under any of the following conditions will be reimbursed subject to written notification by me to the branch of account within 30 days:
 - a) I never provided authorization to Children of Hope.
 - b) The pre-authorized debit was not drawn in accordance with my authorization.
 - c) My authorization was revoked.
 - d) The debit was posted to the wrong account due to invalid / incorrect account information supplied by Children of Hope.
- I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Credit Card and Pre-authorization

I authorize Children of Hope to process a debit, in paper, electronic or process my credit card in the amount of \$ on the 1st or 16th of each month beginning (dd/mm/yy) , or the next business day.

Signed _____

Please mail or fax filled in form to one of the following addresses or visit our website www.childrenofhope.info to donate online:

Canada: Children of Hope
PO Box 2643 Stn. A
Abbotsford, BC V2T 6R4
(604)853-6001 email : myriam@childrenofhope.info

US: Orphanos Foundation P.O. Box 1057
Cordova, TN 38088-1057
www.orphanos.org or email info@orphanos.org
Voice (901) 458-9500 Fax (901) 753-1236