



Application Child / Missionary Sponsorship

Please fill the blank spaces and check the box that correspond:			
Name:		Date (dd/mm/yy):	
Street:			
City:		Province/State:	
Postal Code:		Country:	
Phone: ()		E-mail:	
<input type="checkbox"/> Child's name preference:		Child's number:	
<input type="checkbox"/> Child's name preference:		Child's number:	
Monthly payment:	\$30.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$90.00 <input type="checkbox"/> \$120.00 <input type="checkbox"/>
<input type="checkbox"/> Missionary name:		Amount: \$	

Donation Method

<input type="checkbox"/> Pre-authorization (Please send the void cheque)			
<input type="checkbox"/> Post dated cheques (Please send the cheques)		Monthly: <input type="checkbox"/>	Annually: <input type="checkbox"/>
<input type="checkbox"/> Credit Card	Visa: <input type="checkbox"/> Master Card: <input type="checkbox"/>	Credit Card No.	Exp. date:

Pre-authorization Donation

Please complete and sign the enrollment authorization form below. As well as attach your personal blank cheque marked VOID.

Terms and Conditions:

- I authorize Children of Hope to debit my account as indicated on the attached VOID cheque under the terms and conditions agreed by me with the payee (Children Of Hope), until such time as written notice to the contrary is given.
- I acknowledge that delivery of my authorization to Children Of Hope constitutes delivery by me to the branch of financial institution at which I maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- 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 90 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 - c) My authorization was revoked.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.

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).

Please mail or deliver the authorization form and VOID cheque (if needed) to Children of Hope.

Signed _____