HOPE
Help Orphans and Promote Education Foundation

Give HOPE – Sponsor A Child Plan (Sign Up Form)

Give HOPE - Sponsor A Child
Connection with commitment...

Sponsored Student ID: ________________________

First Name: | | | | | | | | | | | | | Last Name: | | | | | | | | | | | | |

Middle Name: | | | | | | | | | | | | | | | |

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Address: ____ Apt #: ________________

City: ___________________________________ Postal / Zip Code: _____________________________

State / Province: ___________________________ Country: ___________________________________

Phone: +1 | | | - | | | - | | | | Cell: +1 | | | - | | | - | | | |

Amount Paid($): ____________________ Number of Child(ren) I Will Sponsor ______________________

From: (MM/DD/YYYY) ____________________ To: (MM/DD/YYYY) ______________________________

Payment Mode (please✓): ☐Cash ☐Cheque ☐Credit Card ☐ PayPal

Payment Term (please✓): ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Consent:

I have read and agree to all the terms and conditions of this plan and give my consent for sponsoring a child through Help Orphans and Promote Education (H.O.P.E.) Foundation Canada.

Signature: ________________________ **Date**(MM/DD/YYYY): ______________________________

Note: All policies, terms and conditions outlined and explained should be considered as non-negotiable.

If Paying Through Preauthorized Monthly Pledge (Credit Card): **Please Withdraw From:**

Card Type: ☐ **Master card** ☐ **Visa**

Name on Card: ____

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: ________(MM) ________(YY) 3 - Digit Security Code: ____________________

Donation per Month (CA$): ____

I authorize Help Orphans and Promote Education Foundation to withdraw my donation on the _____ day of each month from the credit card as indicated above. I realize that I can change or cancel my authorization at any time by contacting H.O.P.E. Foundation Canada.

Authorized Signature: ________________________ Date (MM/DD/YYYY):____________________

Comments / Remarks ____

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H.O.P.E. Representative Name: ____________________ Signature: ___________________________

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