



Application Child / Missionary Sponsorship

Please fill in the blanks, circle or highlight as appropriate.

Name:		Date:		
Street:				
City:		Province/State:		
Postal Code:		Country:		
Phone:		E-mail:		
Child's name preference:			Child's number:	
Child's name preference:			Child's number:	
Monthly payment: (Please circle)	\$40.00	\$80.00	\$120.00	\$160.00
Missionary name:			Amount: \$	
<i>Donation Method Preferences:</i>				
Automatic recurring bank withdrawal on the 1 st or 16 th of the month : Please provide a VOID cheque				
Credit card subscription through PayPal: Please go to our website – www.childrenofhope.info				
Postdated cheques dated for the 1 st or 16 th of the month: Please mail cheques				

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 did not provide 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 - c) My authorization was revoked.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 Preauthorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

• I authorize Children of Hope to process my automatic bank account withdrawal, or postdated cheque on the 1st ____ or 16th ____ of each month or my Credit Card subscription through PayPal of any date for \$_____ beginning _____ (yyyy/mm/dd) or the next business day.

Signed _____

If you need any assistance please feel free to call us at the phone number below.

Contact us: PO Box 2643 Stn A, Abbotsford, BC V2T 6R4. Phone: **604 853 6001**
www.childrenofhope.info or brian@childrenofhope.info