



**Application**  
Child / Missionary Sponsorship

Name:		Date:			
Street:					
City:			Province/State:		
Postal Code:			Country:		
Phone:			E-mail:		
If you have a preference which ministry you would like to sponsor a child from, include ministry and/or child's name:				Preference of Child (Circle):	
				Boy	Girl
Monthly payment (Please circle):	\$40	\$80	\$120	\$160	
Missionary name:				Amount: \$	
<b>Donation Method Preferences:</b>					
Automatic recurring bank withdrawal on the 1 <sup>st</sup> or 16 <sup>th</sup> of the month : <b>Please provide a VOID cheque</b>					
Credit card subscription through PayPal: <b>Please go to our website</b> – <a href="http://www.childrenofhope.info">www.childrenofhope.info</a>					
Postdated cheques dated for the 1 <sup>st</sup> or 16 <sup>th</sup> of the month: <b>Please mail cheques</b>					

**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  - c) My authorization was revoked.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](http://www.cdnpay.ca).

• I authorize Children of Hope to process my automatic bank account withdrawal, or postdated cheque on the 1<sup>st</sup>\_\_\_\_\_or 16<sup>th</sup>\_\_\_\_\_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](http://www.childrenofhope.info) or [jeremy@childrenofhope.info](mailto:jeremy@childrenofhope.info)