

African Vision of Hope Child Sponsorship Program - Payment Options

OPTION 1: Debit or Credit Card

Monthly Option 1:

_____ I would like to become a monthly supporter of African Vision of Hope. Please charge \$25.00 to my debit or credit card on the _____ 1st or _____ 15th of each month.

Annual Option 2:

_____ I would like to become a yearly supporter of African Vision of Hope. Please charge \$300.00 to my debit or credit card on the _____ 1st or _____ 15th of _____ (month) of each calendar year.

Please complete for option 1 or 2:

Card: _____ VISA _____ Mastercard

Type: _____ Debit _____ Credit

Card #: _____ - _____ - _____ - _____

Expiration Date: _____/_____

Signature: _____

Date: _____

By signing this form, I hereby give African Vision of Hope (AVOH) authorization to charge the amount I have designated on my debit or credit card. This authorization is to remain in full force and effect until AVOH has received written notification from me of its termination.

OPTION 2: Automatic Checking or Savings Withdrawal

Monthly Option 1:

_____ I would like to become a monthly supporter of African Vision of Hope. Please withdraw \$25.00 from my checking or savings account on the _____ 1st or _____ 15th of each month.

Annual Option 2:

_____ I would like to become a yearly supporter of African Vision of Hope. Please withdraw \$300.00 from my checking or savings account on the _____ 1st or _____ 15th of _____ (month) of each calendar year.

Please complete for options 1 or 2:

IMPORTANT – PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Account Type: _____ Checking _____ Savings
Financial Institution Name: _____

Routing Number: _____

Account Number _____

Signature: _____

Date: _____

By signing this form, I hereby authorize African Vision of Hope (AVOH) to initiate debit entries to my account at the financial institution named above. This authorization is to remain in full force & effect until AVOH has received written notification from me of its termination in such time & manner as to afford AVOH & Bank of Edwardsville a reasonable opportunity to act upon.

OPTION 3: Check

_____ My check in the amount of \$300.00 is enclosed.

FOR ALL OPTIONS, PLEASE COMPLETE THE FOLLOWING:

SPONSOR NAME:

SPONSOR ADDRESS:

SPONSOR PHONE NUMBER:

SPONSOR E-MAIL ADDRESS:

IF YOU HAVE A SPONSORSHIP PREFERENCE, PLEASE SELECT:

_____ **BOY** _____ **GIRL**
(EVERY ATTEMPT WILL BE MADE TO HONOR YOUR REQUEST)
