

Haiti Mission ♦ Notre Maison Child Sponsorship Form

www.haitimission.ca

Print or type clearly. Note: You do not need to complete this form to make a one-time donation. Thank you.

Identification and Contact Information

Child's name (if known)

Preference, if any: boy girl

Sponsor's name (and contact person if sponsor is a group)

Street address

City

Province

Postal code

Phone

E-mail address

As a sponsor, you will receive updates about your sponsored child every six months.

How would you prefer to be contacted? Mail E-mail

Sponsoring a Child

You can make a profound difference in a child's life with a monthly gift of \$40.

- I would like to sponsor one child.
- I would like to sponsor two or more children. Specify: _____ children (\$40 monthly per child).
- I would like to increase my monthly gift to \$ _____.
 - Four equal quarterly amounts of \$ _____
 - Two equal semi-annual amounts of \$ _____
 - One annual amount of \$ _____
- I have enclosed post-dated cheque(s).

Please make cheques payable to: Strathmore Boulevard Church of Christ *

On the Memo line, specify: Notre Maison and the name of your sponsored child, if known.

Please return completed form to Strathmore Boulevard Church of Christ
346 Strathmore Blvd., Toronto, ON M4C 1N3 Attention: Notre Maison CSP

Sponsor's signature _____

Date (mm-dd-yyyy) _____

OR

- Please charge my **MONTHLY** gift to my: Visa MasterCard American Express
and complete the section below.

Mail to: Strathmore Boulevard Church of Christ or e-mail: sponsorship@notremaisonhaiti.com

Name on credit card: _____

Credit card # _____

Expiry date (mm/yy): ____/____ CSC: _____

(3-digit # on back of card)

Pre-Authorized Payment Agreement

I agree to have **MONTHLY** donations, in the amount I have indicated above, charged to my credit card on the 15th of each month until I revoke this authorization. I understand that if the 15th falls on a weekend or holiday, the payment will be processed on the next business day. I agree to provide Strathmore Boulevard Church of Christ with a minimum 10 days advance notice prior to my payment for processing any changes including cancellation. By signing below I certify that I have authority to enter into this agreement and give consent to charge this account.

Authorized Signature

Date (mm-dd-yyyy)