

My Investment in Homes of Life, Central America

Option 1: Mail to: Children of Promise International

6844 loop Rd
Centerville, OH 45459-2159

Name: _____

Address: _____

City, State, Zip: _____

Amount: \$ _____ single gift
\$ _____ monthly sponsorship

Please apply to one of the following:

- ☐ Homes of Life Costa Rica
☐ Homes of Life Guatemala
☐ Stromstad Family Support
☐ Other _____

I commit to a sponsorship in: ☐ Homes of Life Costa Rica ☐ Homes of Life Guatemala

- | | | | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Nutrition | \$30/month | <input type="checkbox"/> Sponsor-a-Day | \$250/month |
| <input type="checkbox"/> Healthy Child | \$50/month | <input type="checkbox"/> Shelter | \$500/month |
| <input type="checkbox"/> Love & Care | \$100/month | <input type="checkbox"/> Tia (CR only) | \$700/month |
| | | <input type="checkbox"/> Tia (GU only) | \$300/month |

Option 2: Monthly Credit Card Donation



— Credit Card Charge Authorization —

I (We) authorize <i>Children of Promise International</i> to charge my Credit Card in the amount of \$ _____	
Begin withdrawals in the month of _____ and continue <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 6 Months <input type="checkbox"/> Yearly <input type="checkbox"/> One-Time	
For all commitments currently on record and _____	
(List additional children, homes, missionaries, etc. you wish to support)	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Charge on the <input type="checkbox"/> 1 st <input type="checkbox"/> 25 th day of the month	Name: _____
Card No: _____	Address: _____
Expiration: _____ CVV Code: _____ <small>(CVV Code is the 3-digit number on the back near the signature block)</small>	City: _____ State: _____ Zip: _____
Name on card: _____	Telephone: _____ Email: _____
Signed: _____ Date: _____	
<small>I (We) understand this charge will continue until I (we) notify Children of Promise International to change or cancel the charge</small>	

Send this form to: Children of Promise, 6844 Loop Rd., Centerville, OH 45459 ♦ Fax to (937) 438-4972 ♦ Email to Accounting@promise.org

Option 3: Monthly Electronic Funds Transfer



— Electronic Funds Transfer Authorization —

I (We) authorize <i>Children of Promise International</i> to withdraw funds from my account in the amount of \$ _____	
Begin withdrawals in the month of _____ and continue <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 6 Months <input type="checkbox"/> Yearly <input type="checkbox"/> One-Time	
For all commitments currently on record and _____	
(List additional children, homes, missionaries, etc. you wish to support)	
Withdraw Funds from <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account On the <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> Other _____ day of the month. <small>I (We) understand that this withdrawal will continue until I (we) notify Children of Promise International to change or cancel the automated withdrawal.</small>	Name: _____
<div style="border: 2px solid red; padding: 5px; text-align: center;">WE MUST HAVE A VOIDED CHECK OR DEPOSIT SLIP TO WITHDRAW FUNDS!</div> <small>I (We) acknowledge the origination of ACH/EFT transactions from my (our) account must comply with the provisions of U.S. law</small>	Address: _____
	City: _____ State: _____ Zip: _____
	Telephone: _____ Email: _____
	Signed: _____ Date: _____

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