Restore a Child Academy of Haiti Child Education Sponsorship Form

	Child Education Sponso	rsnip Form		
Your Name:				
Address:				
City:	State:	State: Zip Coo		
Phone:	Email:			
\$30 USD Monthly Per Child wi	ill guaranty a Christian Educa	tion, School Supplie	es, 1 (one)	Hot Meal a Day
I would like to sponsor:	Воу	Girl	No Preference	
Name(s) or ID# of Child(ren)	to be Sponsored (if known)	Got to: https://ww	/w.ubmhaiti	.org/raca.html
1	2 3			
4	5	6		
	Monthly Child(ren)	Sponsorship (\$30/	Child):	\$
Yes, I'd like to donate each	month to help UBM Haiti witl	n Operational Exp	enses:	\$
		Total Monthly P	ledge:	\$
yment Frequency (choose one)				
Monthly \$	Quarterly \$	Annually	\$	
ntribution Method: (choose one)			
AUTOMATIC CHECKING ACCOUN deposit slip for a savings account <i>Please withdraw my monthly</i> s of each month.	t from the account you want dra	afted.		
	Authorized S	gnature (required)		Date
MONTHLY DEBIT/CREDIT CARD - ' the same day each month. D Vi			-	to your card or Discover
Card Number	Exp. Date (MM/YY)			
Cardholder Name		period Cigosture (required)		Data
		norized Signature (required)	vack ana) a	Date
Please charge my sponsorship HECK – Enclose a check payable receipt of a pledge reminder.				
MAIL TO:		E-MAIL TO:		



Important Information:

This is a pledge, not a contract. We understand that sometimes personal financial situations change and one is not able to meet ongoing obligations. If this occurs, we would appreciate a short email or note to let us know so that we can adjust our financial planning accordingly. We pray that God will richly bless you.

Thank you for your support.

All donations are Tax Deductible. Please contact us for more information.



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