

MIRACLE HOUSE ~ KENYA CHILD SPONSORSHIP PLEDGE FORM



Please complete ALL * **REQUIRED FIELDS** - Print Neatly - Use Ball Point Pen

PRIMARY ACCOUNT HOLDER INFORMATION

* First _____	* Last _____
* Address _____	* City, State & Zip: _____
Spouse _____	Website _____
* Email 1 _____	Facebook _____
Email 2 _____	Instagram _____ Twitter _____
* Phone _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Phone _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Child Name _____	Child Name _____
Child Name _____	Child Name _____

SPONSORED CHILD/CHILDREN INFORMATION

	Preference: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Child #1 _____	Monthly Pledge Commitment Level: Annual Pledge Total:
	<input type="checkbox"/> \$35 <input type="checkbox"/> \$70 <input type="checkbox"/> \$105 \$ _____
Child #2 _____	<input type="checkbox"/> \$35 <input type="checkbox"/> \$70 <input type="checkbox"/> \$105 \$ _____
SEEDLINGS _____	<input type="checkbox"/> \$40 <input type="checkbox"/> Other \$ _____ \$ _____
UNIVERSITY _____	<input type="checkbox"/> \$50 <input type="checkbox"/> Other \$ _____ \$ _____

I wish to set up my payments with the following frequency: **Monthly**** **Quarterly**** **Annually****

***Payments are due monthly or 1st month of the quarter by the 7th. Annual Payments are due on 7th of anniversary month.*

ADDITIONAL DONATION INFORMATION:

General Donation	<input type="checkbox"/> \$ _____	Frequency: <input type="checkbox"/> Monthly
Base Camp Donation	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Quarterly
Scholarship Donation	<input type="checkbox"/> \$ _____	<input type="checkbox"/> One Time

PAYMENT INFORMATION

TYPE: Mail Check Online Processing: ACH Credit Card

Online - Account Information

ACH Routing #: _____ Acct NO: _____

CC Card NO: _____ CCV: _____ EXP: _____

Billing Address (If different from above): _____

By signing below, I am committing to sponsor the above child/children through Miracle House, Inc. I understand that my payment is due by the 7th of each month and I understand Miracle House, Inc. will send most notifications/correspondance via email.

initials Online Giving. I authorize Miracle House, Inc. to charge or withdraw my pledge amount from my credit card or bank account.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Sponsor Signature | <input type="checkbox"/> Info in DPO | <input type="checkbox"/> Donor Info to bookkeeper |
| <input type="checkbox"/> Payment Type Verified | <input type="checkbox"/> Info in Const. Cont. | <input type="checkbox"/> Donor Info to CS |
| <input type="checkbox"/> Voided check or acct info attached | <input type="checkbox"/> Info to pymnt prcssing | |
| <input type="checkbox"/> Verified by: _____ | | <input type="checkbox"/> Anniversary Date: _____ |

NOTES: _____