



# North Country Mission of Hope

*Working Together to Improve Lives*

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## **ADOPT A SCHOOL SPONSOR PAYMENT OPTION FORM**

**Sponsor Name:** \_\_\_\_\_

PLEASE PRINT

Mailing Address \_\_\_\_\_

(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

Phone # ( ) \_\_\_\_\_

**Email address** \_\_\_\_\_

PLEASE PRINT

### **Adopt a School Sponsorship opportunities:**

			<b>Please Check Off</b>
<b>Opportunity 1</b>	School Population 25-75 students	\$550	_____
<b>Opportunity 2</b>	School Population 76-150 students	\$850	_____
<b>Opportunity 3</b>	School Population 151-350 students	\$1,500	_____
<b>Opportunity 4</b>	School Population 351-500 students	\$2,000	_____
<b>Opportunity 5</b>	School Population 500 – 750 students	\$3,000	_____
<b>Opportunity 6</b>	Annual Salary For Female Cook	\$1,700	_____
<b>General Donation to the Food Program, please write in amount</b>			_____

**Total donation**      \$ \_\_\_\_\_

### **PAYMENT OPTIONS:**

**Option 1** – One time payment (check to be enclosed with this form) *payable to:* Mission of Hope; please write “Food Program” on the memo line.

**OR**

**Option 2** - Monthly Automatic debit from your checking/savings account:

Total donation (from above) divided by 12 = \$ \_\_\_\_\_

Monthly ACH bank fee \$ 1.00

Total monthly Automatic debit      \*\*      \$ \_\_\_\_\_

**Please click this link to download the ACH Authorization form for auto-deduction.**

The *monthly debit would be on the 15<sup>th</sup>* of each month as stated on the ACH Authorization form and continue until revoked in writing. If the 15<sup>th</sup> falls on a weekend or holiday, the monthly sponsorship amount may be debited the first business day following the 15<sup>th</sup>.

**Many thanks for your continued support of the Mission and your donation to the “Adopt a School Program” that feeds over 6,500 children! Every donor will receive a letter from the principal, photographs of the school children and letters from the school children.**

*Revised October 2016*