



NORTH COUNTRY MISSION OF HOPE

Orphans' Hope Project Sponsorship Form

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Select one: ___ Full sponsorship - \$300 – *if paying via paypal \$307*
 ___ Partial sponsorship - \$150- *if paying via paypal \$154*

Payment Options

1. Complete this form and send with your check to:

Mission of Hope
PO Box 2522
Plattsburgh, NY 12901
Att: OHP Sponsorship Renewals

2. Pay via the **PayPal** payment option on our website. If using this option, please ***add*** **\$7** for full sponsorship or **\$4** for partial sponsorship to cover the cost of using this service. Indicate OHP sponsorship.
3. Pay using the **Automatic Monthly Payment** option. Complete the ACH payment form on our website under Direct Payment Option with your banking information. Return forms to the office.

Thank you for your support of the children!