



North Country Mission of Hope

Working Together to Improve Lives

sm PO Box 2522 Plattsburgh, NY 12901 DSHope2@charter.net
 Office: 518-561-2599 Cell: 518-570-5443

RENEWAL/PAYMENT OPTION FORM

Sponsor Name: _____

Mailing Address _____

(street)

_____ (city)

_____ (state)

_____ (zip)

Phone # () _____

Email address _____

Student Sponsorship opportunities:

- Opportunity 1 - Educational sponsorship \$ _____ (\$140 per child)
- Opportunity 2 - Books/school supplies \$ _____ (Recommended amount \$50)

- Opportunity 3 – Food Program \$ _____ (Recommended amount \$75.00)
- (Will assist in providing daily food to the children)
- Opportunity 4 – Orphan Hope \$ _____ (\$150 partial sponsorship; \$300 full)

- Total donation \$ _____

In an effort to offer alternate and more convenient sponsorship payment options, we have added an ACH (Automatic Clearing House) method. This allows The Mission of Hope to electronically debit your checking or savings account on a monthly basis. Our sponsorship options are detailed above. Please note that there is a nominal service charge added to each month to help defray the bank service fees that are charged to us.

The first monthly debit would begin on the 15th of each month as stated on the ACH Authorization form and continue until revoked in writing. Please note that if the 15th falls on a weekend or holiday, the monthly sponsorship amount may be debited the business day before.

Payment options

Option 1 – One time payment (check to be enclosed with this form)

Option 2 - 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 complete the ACH form using this total deduction

Many thanks for your continued support of the Mission and your sponsor children!