



# North Country Mission of Hope

Working Together to Improve Lives

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[www.ncmissionofhope.org](http://www.ncmissionofhope.org)

## SPONSOR PAYMENT OPTION FORM

**Sponsor Name:** \_\_\_\_\_  
PLEASE PRINT

Mailing Address \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

Phone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_  
PLEASE PRINT

**Student Sponsorship opportunities:** # of Children to Sponsor: 1 2 3 4 5 \_\_\_\_ (Circle One)

Opportunity 1 - Educational sponsorship \$\_\_\_\_\_ \$140 per child

Opportunity 2 - Books/school supplies \$\_\_\_\_\_ Recommended amount \$50 per child

Opportunity 3 – Food Program- (Includes: \$\_\_\_\_\_ Level of donation \$75\_\_\_ \$100\_\_\_  
Food prep/food supplements/food shipments) \$150\_\_\_ \$200\_\_\_ other:\_\_\_

Opportunity 4 –Days for Girls Pads \$\_\_\_\_\_ \$10 per kit – if sponsoring a girl  
(reusable sanitary pads)  
Total donation \$\_\_\_\_\_

### PAYMENT OPTIONS:

**Option 1** – One time payment (check to be enclosed with this form) *payable to:* Mission of Hope  
**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 complete the ACH form on the back of this form using this total 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 sponsor children!**