



NORTH COUNTRY MISSION OF HOPE

Working Together to Improve Lives

3452 State Route 22
Peru, NY 129712

Office: 518-643-5572
Cell: 518-570-0560

Orphan's Hope Project Sponsorship Form

Name: _____

(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Email: _____

of Children to Sponsor 1 2 3 4 5 ___ (Circle One)

\$300 per child \$ _____ Total Donation

Payment Options

Option 1: One-time payment by **check**, to be enclosed with this form, and made *payable to:* **Mission of Hope**

Option 2: Credit Card – please call the office for this option as bank processing fees will apply. Please have your card ready when you call.

Option 3: Venmo – in the app be sure to search for the full name: **North Country Mission of Hope**

Option 4: Monthly **Automatic debit** from your checking/savings account:

Total donation divided by 12 = \$ _____

Monthly ACH bank fee \$ 1.00

Total monthly **Automatic** debit** \$ _____

****Please complete the ACH form using the total Automatic deduction amount.**

Thank you for your support of the children!

“Hope sees the invisible, feels the intangible, and achieves the impossible.” (Helen Keller)