



North Country Mission of Hope

Working Together to Improve Lives

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Office 518-643-5572
Cell: 518-570-0560
www.ncmissionofhope.org

SPONSOR PAYMENT FORM

Sponsor Name: _____
PLEASE PRINT

Mailing Address _____
(street) (city) (state) (zip)

Email address _____

Home Ph: () _____ Cell Ph: () _____

DONATION OPTIONS

Due Date: December 1

Regular Sponsorships:

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

Educational Sponsorship \$ _____ \$140 per child

Additional Options:

Books/school supplies \$ _____ \$ 50 per child

Food Program \$ _____ \$ 75/ \$100/\$150/\$200/Other (food/supplements/shipments)

Second Uniform \$ _____ \$ 15 per child

Gym Uniform \$ _____ \$ 15 per child

Days for Girls Kits \$ _____ \$ 10 per girl

Eye Exam & Glasses \$ _____ \$ 20 for a child in need

Monetary Gift for child/family \$ _____

Other \$ _____

Orphans' Hope Program:

of Children to Sponsor \$ _____ \$300 per child
1 2 3 (Circle One)

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.**

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