



- SEEDS OF HOPE -

helping orphans around the world



I would like to (please check):

- Sponsor a Child @ \$40/month. Name of Child: _____
- Support Education Sponsorship: Quantity _____ X \$10.00 = \$ _____ /month
- Make a donation to Seeds of Hope Children's Ministry
- Sponsor a Seeds of Hope Project. Name of Project: _____
- Sponsor Ray's of Hope - Thailand @ \$40 per month

Name(s): _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

I consent to receive email notifications from Seeds of Hope Children's Ministry.

Please select method of payment below:

Pre-Authorized Debit:

I (we) authorize Seeds of Hope to process a debit, in paper, electronic or other form in the amount of \$ _____ dollars on my (our) account on the (please check) 1st or 16th of each month beginning _____. I (we) acknowledge that I (we) have read and understood all provisions contained in the terms and conditions of the pre-authorized payment.

~ Please include a void cheque ~

Signed _____ Dated _____

Signed _____ Dated _____

TERMS AND CONDITIONS

- I (we) authorize Seeds of Hope Children's Ministry to debit my (our) account as indicated on the attached VOID cheque under the terms and conditions agreed by me (us) with the payee (Seeds of Hope) until such time as written notice to the contrary is given.
- I(we) acknowledge that delivery of my (our) authorization to Seeds of Hope constitutes delivery by me (us) to the branch of financial institution at which I maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- I (we) will notify Seeds of Hope, in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.
- Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days:
 - a/ I (we) never provided authorization to Seeds of Hope
 - b/ The pre-authorized debit was not drawn in accordance with my (our) authorization.
 - c/ My (our) authorization was revoked.
 - d/ The debit was posted to the wrong account due to invalid/incorrect account information supplied by Seeds of Hope.
- I (we) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

~ OR ~

Pre-Authorized Credit:

I (we) authorize Seeds of Hope to process credit card payments, in paper, electronic or other form in the amount of \$ _____ dollars on my (our) account on the (please check) 1st or 16th of each month beginning _____.

Credit Card# _____ Expiry: _____ CVC # _____

Name on Card: _____ Signature: _____

~OR~

Annual Cheque \$480

~OR~

12 Post Dated Cheques

Monthly donation thru Canada Helps and I have gone online to Canada Helps to set this up.

Please complete appropriate fields, include necessary cheques, and mail to: