

# MIRACLE HOUSE ~ KENYA

## CHILD SPONSORSHIP PLEDGE FORM



Please complete ALL \* **REQUIRED FIELDS** - Print Neatly - Use Ball Point Pen

### PRIMARY ACCOUNT HOLDER INFORMATION

|                  |   |
|------------------|---|
| * First _____    | * Last _____  |
| * Address _____  | * City, State & Zip: _____  |
| Spouse _____     | Website _____   |
| * Email 1 _____  | Facebook _____  |
| Email 2 _____    | Twitter _____   |
| * Phone _____    | <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Phone _____      | <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Child Name _____ | Child Name _____  |
| Child Name _____ | Child Name _____  |

### SPONSORED CHILD/CHILDREN INFORMATION

|                 |   |
|-----------------|---|
|                 | Preference: <input type="checkbox"/> Boy <input type="checkbox"/> Girl                                |
|                 | Monthly Pledge Commitment Level:    Annual Pledge Total:  |
| Child #1 _____  | <input type="checkbox"/> \$30 <input type="checkbox"/> \$60 <input type="checkbox"/> \$90    \$ _____ |
| Child #2 _____  | <input type="checkbox"/> \$30 <input type="checkbox"/> \$60 <input type="checkbox"/> \$90    \$ _____ |
| Child #3 _____  | <input type="checkbox"/> \$30 <input type="checkbox"/> \$60 <input type="checkbox"/> \$90    \$ _____ |
| SEEDLINGS _____ | <input type="checkbox"/> \$40 <input type="checkbox"/> Other \$ _____    \$ _____                     |

I wish to set up my payments with the following frequency:    ☐ Monthly\*\*    ☐ Quarterly\*\*    ☐ Annually\*\*

\*\*Payments are due monthly or 1st month of the quarter by the 7th. Annual Payments are due on 7th of anniversary month.

### ADDITIONAL DONATION INFORMATION:

|                           |                                   |   |
|---------------------------|-----------------------------------|---|
| General Donation          | <input type="checkbox"/> \$ _____ | Frequency: <input type="checkbox"/> Monthly |
| Base Camp Donation        | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Quarterly          |
| Higher Education Donation | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> One Time           |

### PAYMENT INFORMATION

TYPE:    ☐ Mail Check    Online Processing:    ☐ ACH    ☐ Credit Card

#### Online - Account Information

ACH    Routing #: \_\_\_\_\_    Acct NO: \_\_\_\_\_

CC    Card NO: \_\_\_\_\_    CCV: \_\_\_\_\_    EXP: \_\_\_\_\_

Billing Address (If different from above): \_\_\_\_\_

*By signing below, I am committing to sponsor the above child/children through Miracle House, Inc. I understand that my payment is due by the 7th of each month and I understand Miracle House, Inc. will send most notifications/correspondance via email.*

\_\_\_\_\_  
initials    Online Giving. I authorize Miracle House, Inc. to charge or withdraw my pledge amount from my credit card or bank account.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Sponsor Signature                  | <input type="checkbox"/> Info in DPO            | <input type="checkbox"/> Donor Info to bookkeeper |
| <input type="checkbox"/> Payment Type Verified              | <input type="checkbox"/> Info in Const. Cont.   | <input type="checkbox"/> Donor Info to CS         |
| <input type="checkbox"/> Voided check or acct info attached | <input type="checkbox"/> Info to pymnt prcssing |   |
| <input type="checkbox"/> Verified by: _____                 |   | <input type="checkbox"/> Anniversary Date: _____  |

NOTES: \_\_\_\_\_