



PINNACLE OF HOPE, INC

CHILD SPONSORSHIP FORM

Pinnacle of Hope, Inc., provides vital access to education through our sponsorship program that services vulnerable children, who cannot attend school because their families are unable to pay the basic costs for tuition, books and other school related expenses. Our aim is to eradicate poverty, by providing equal access to education. Please complete this form online or print and mail address listed below.

DONOR'S INFORMATION

Name/ Group: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone: _____ **Email:** _____

EDUCATION SPONSORSHIP PREFERENCES

Pinnacle of Hope, Inc., has identified vulnerable children that are in need of education sponsorship, specific details regarding sponsorship can vary. Please assist us with identifying your preference in the section below to create a match for your sponsorship.

Is there a particular child you would like to sponsor?

I would like to sponsor a child/Children: Gender **Boy** ___ **Girl** **No Preference**

If yes, what is his/her name?

Name of Child (if known):

Additionally, POH is committed to providing education sponsorship through to the completion of a child's graduation from high school. Disruption of education will not occur should a sponsor discontinue support, because multiple sponsorship opportunities exist.

What level of education would you like to support?

- Primary School \$36 a month
- Secondary School \$45 a month
- Vocational Training/College \$70 a month

Payment Frequency (choose one)

- Monthly Quarterly Annually

Contribution Method: (choose one)

- AUTOMATIC CHECKING ACCOUNT WITHDRAWAL** - Please attach a voided check for a checking account or a deposit slip for a savings account from the account you want drafted.

Please withdraw my monthly sponsorship gift from my account on the 5th or 20th (check one) of each month.

Authorized Signature (required)

Date

- MONTHLY DEBIT/CREDIT CARD** - Your first gift and each monthly sponsorship gift will be charged to your card on the same day each month. Visa American Express MasterCard

Card Number

Exp. Date (MM/YY)

cv Code

Cardholder Name

Authorized Signature (required)

Date

Please charge my monthly sponsorship gift to the card shown above on the (specified day)

5th or 20th (check one) of each month.

- CHECK** – Enclose a check payable to Pinnacle of Hope for your first month’s gift. A monthly reminder will be sent for future monthly payments.

***Your name in the authorized signature fields serves as your approval to process the form as requested.**

MAIL TO:

Pinnacle of Hope
19821 NW 2nd Ave #242
Miami Gardens, FL 33169