

## Fostering Hope Child Sponsorship Donation Form

I would like to sponsor the following child(ren): \_\_\_\_\_

**Please select ONE option below:**

- I would like to make a **6 month** commitment of \$25 per month per child and be charged a one-time fee in the amount of \$\_\_\_\_\_ (please indicate either \$150 for one child or \$250 for two children).
- I would like to make a **1 year** commitment of \$25 per month per child and be charged a total one-time fee in the amount of \$\_\_\_\_\_ (please indicate either \$300 for one child or \$600 for two children).
- I would like you to automatically charge my credit or debit card **monthly** in the amount of **\$25** until further notice to sponsor **one child**.
- I would like you to automatically charge my credit or debit card **monthly** in the amount of **\$50** until further notice to sponsor **one child**.
- I would like you to automatically charge my credit or debit card **monthly** in the amount of **\$50** until further notice to sponsor **two children**.
- I would like you to automatically charge my credit or debit card **monthly** in the amount of **\$100** until further notice to sponsor **two children**.
- I would like you to automatically charge my credit or debit card **monthly** in the amount of \$\_\_\_\_\_ until further notice to sponsor **one child**.
- I would like you to automatically charge my credit or debit card **monthly** in the amount of \$\_\_\_\_\_ until further notice to sponsor **two children**.

All monetary donations are tax deductible and are non-refundable. If you would like to stop monthly donations, please contact accounting at 512-323-9595 X 3040

### Billing Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
DL#: \_\_\_\_\_  
Email: \_\_\_\_\_

**Credit Card Information**

- Visa  
 Mastercard  
 Discover

Card Number: \_\_\_\_\_

Card Validation Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**By signing my name below** I agree that this donation(s) paid to *Great Wall China Adoption dba Children of All Nations*, as indicated above, is nonrefundable. I verify that by signing this credit card authorization form, I choose to pay by credit card a one-time donation or have monthly deductions made for the length of time indicated above. I acknowledge and understand, should I choose to stop making donations at any time, I must give at least 30 days written notice and all previously donated monies are **non-refundable**.

\_\_\_\_\_  
Name\_\_\_\_\_  
Date

**Please fax your completed donation form to 512-323-9599 for processing.  
Questions? Call 512-323-9595**