



❖ DONATION FORM

Thank you for responding to the call of Christ to love and care for orphans, by giving to Child Hope International. By contributing to the critical needs below, you will truly bless a child! Please fill out this form completely.

I PREFER MY GIFT BE ALLOCATED TO:* (optional)

- \$ _____ Where funds are most needed
- \$ _____ Orphanage
- \$ _____ Education
- \$ _____ Feeding the Hungry
- \$ _____ Community Service
- \$ _____ Vocational Training/Transitional Home
- \$ _____ Medical Clinic
- \$ _____ Bible Studies/Discipleship
- \$ _____ Mission Trips
- \$ _____ Special Campaign

- \$ _____ TOTAL GIFT

GIVING

- I wish to make this a monthly commitment.
- I wish to make this a one time gift.

PAYMENT DETAILS

Please select your method of payment

- Credit Card
 - Card Type
 - VISA
 - Master Card
 - AmEx
 - Discover _____
 - Card Number _____
 - Name on Card _____
 - Expiration Date: _____
 - Signature: _____
- Check

MAIL

Please mail this completed form with your payment to:

Child Hope International
PO Box 3677
Redondo Beach, CA 90277

PERSONAL INFORMATION

- This is my first involvement with Child Hope.
- I have sponsored or donated to Child Hope before.
- This is a group project. I represent a _____

- My First Name _____
- My Last Name _____

- Under 18

- Mailing Address _____

- City _____
- State _____
- Zip/Postal Code _____
- Country _____

- Home Phone _____ Preferred
- Business Phone _____
- Cell Phone _____
- Email _____

MESSAGE (optional)

Child Hope International is a 501(c)3 organization. Your contributions are tax deductible. You will receive an annual statement of contributions for your records.

*Thank you for your tax deductible donation. Every effort will be made to apply your gift according to your indicated preference. However, Child Hope International retains ultimate discretion over the use of donated funds. We thank God for you and appreciate your generous support. A receipt will be emailed to your contact information.