



Child Sponsorship Commitment & Payment

OFFICE USE ONLY

Date Received: _____

<input type="checkbox"/> COP Sunday	<input type="checkbox"/> Alanna Story Concert
<input type="checkbox"/> Faith Promise	<input type="checkbox"/> Mission Event
<input type="checkbox"/> CHOG Convention	<input type="checkbox"/> CWC Event
<input type="checkbox"/> Older Adult Event	<input type="checkbox"/> Regional Min. Event
<input type="checkbox"/> State Event	
<input type="checkbox"/> Other: _____	

Church # _____

Section I. Child Sponsorship Commitment

I/We commit to sponsor: **Child ID#** _____ **Child Name** _____

Child ID# _____ **Child Name** _____

Child ID# _____ **Child Name** _____

Child ID# _____ **Child Name** _____

I/We would like the Children of Promise staff to select a child/children with the following criteria:

TYPE OF SPONSORSHIP: Individual (specific child) Program (help a group)

GENDER: Female Male No preference (child in greatest need)

REGION OF THE WORLD: Africa (\$32) Asia & The Pacific (\$32, \$50) Caribbean/Atlantic (\$32, \$38) Latin America (\$32, \$38)

Middle East & Russia (\$32, \$38) Area of Greatest Need (\$32, \$38, \$50 - Circle the dollar amount you want to pay.)

Section II. Sponsor Information

Sponsor ID# (If new, office will assign a #.) _____ Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (best number to reach in daytime) _____ Email Address (An email address is required to receive electronic statements.) _____

Your Home Church Name _____ City & State where your church is located _____

Preferred Method of Communication: EMAIL TELEPHONE U.S. MAIL

Section III. Payment Options - Choose one option.

MONTHLY AUTOMATIC BANK WITHDRAWAL (ACH)

COP PREFERRED METHOD OF PAYMENT - This saves bank fees, labor, paper, and postage costs.

5th 20th Select monthly withdrawal date.

Bank Routing Number: _____ Checking Account Number: _____

Please withdraw the following amount monthly:

My regular monthly sponsorship support. \$ _____

My monthly gift to **Christmas/Birthday Funds**. \$ _____

Extra donation to the **Making It All Happen Fund**. \$ _____

Total Amount Withdrawn Monthly \$ _____

Signature: _____ Date: _____

ONLINE PAYMENT

YOU PROCESS YOUR PAYMENT ONLINE WITH YOUR DEBIT/CREDIT CARD.

You may make a donation with your Debit/Credit Card. Go to www.echildrenofpromise.org and select **Donate Online** button. You may make a one-time donation or establish a monthly payment using your Debit/Credit Card online.

ONLINE PAYMENT

COP PROCESSES YOUR PAYMENT ONLINE WITH YOUR DEBIT/CREDIT CARD.

If you want Children of Promise to process your Debit/Credit Card payment, please complete the following information:

Name as it appears on card: _____ **Please withdraw the following amount monthly:**

My regular monthly sponsorship support. \$ _____

Card #: _____ My monthly gift to **Christmas/Birthday Funds**. \$ _____

Expiration Date: _____ Extra donation to the **Making It All Happen Fund**. \$ _____

CVV #: _____ **Total Amount Withdrawn Monthly** \$ _____

Signature: _____ Date: _____

MAIL

Mail in a check (personal or bank drafted): Monthly Quarterly Semi-Annually Annually

BANK BILL PAY

Set up your recurring payments through your bank.

Section IV. Statements

MONTHLY STATEMENTS: Send electronic statements. Send paper statements.

For payments by Check or On-Line, you will receive a monthly statement. For payments by Automatic Bank Withdrawal (ACH), you will receive an annual statement in January for the previous year.

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