

Please complete this form and mail or fax it to:

Friends of Honduran Children PO Box 853 Peterborough, ON K9J 7A2 P: (705) 749-1900 F: (705) 741-2900 info@honduranchildren.com www.honduranchildren.com

Yes! I'd like to make a real difference by sponsoring a child today!

Please specify the gender of the child you wish to sponsor OR select no preference to sponsor

the child who most needs your help.					
I prefer: □ a boy □ a girl □ I have no preference □ A child I met in Honduras named					
			First Name: Middle Init Address:		
			City:		
Phone: ()					
Email Address:					
Signature:					
The use of email to communicate with our spo administration costs. Addressed mail will be su	· ·	•			
	upsulutea when ema	ян із пот арргорпате.			
☐ You may contact me by email					
Please choose a child sponsorship paymen	nt option				
□ \$40.00 monthly payments OR □ \$480.00 annual payment					
☐ Through pre-authorized chequing (I have enclosed or faxed a sample cheque marked "VOID") The debit will be processed to your account around the 15th day of each month or the next business day.					
☐ My cheque is enclosed (made payable to the Friends of Honduran Children)					
☐ With my credit card. Visit www.honduranchildren.com and click donate now.					
☐ With my credit card (you may also call the office to provide your credit card number).					
Visa and MasterCard	MM/YY				
A portion of your sponsorship will be invested from High School and transition into life outsid					
How did you hear about Friends of Hondural	n Children child spo	onsorship?			
We value and appreciate any questions or	comments that you	ı may have:			

We'll send you an official tax receipt for all donations of \$20 or more on a yearly basis unless otherwise requested. Friends of Honduran Children is committed to protecting your privacy and maintaining the confidentiality and integrity of your personal information. Friends will not sell, trade, rent or otherwise share the information you provide for any other reason not stated above, without your permission. Should you wish to review or change the information we have for you, contact us at (705) 749-1900. Charitable Registration Number: 891313199RR0001

I may revoke my authorization at any time, subject to providing notice of (30 days). To obtain a sample cancellation form, or for more information on my right to cancel this transaction, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.