

**The Lord has asked me to help COPI Haiti by:**

- Increasing my monthly support to \$\_\_\_\_\_ for each child/worker or \$\_\_\_\_\_ for my sponsored project(s)
- Providing a  monthly  One-time  Other: \_\_\_\_\_ donation for \_\_\_\_\_
- Sponsoring a new  girl's home or  boy's home for \$\_\_\_\_\_ per  Month  Year  One-time  Other \_\_\_\_\_
- Helping to purchase a new Toyota Land Cruiser with a contribution of \$ \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Children of Promise International, Inc.**  
 6844 Loop Rd.  
 Centerville, OH 45459-2159  
 1-888-6-ORPHAN (1-888-667-7426)  
 info@promise.org  
 http://www.promise.org  
*All contributions are tax deductible*

*100% of your contributions go to the designated purpose!*



Children of Promise International

**— Credit Card Charge Authorization —**

I (We) authorize *Children of Promise International* to charge my Credit Card in the amount of \$ \_\_\_\_\_

Begin withdrawals in the month of \_\_\_\_\_ and continue  Monthly  Quarterly  6 Months  Yearly  One-Time

For all commitments currently on record and \_\_\_\_\_  
*(List additional children, homes, missionaries, etc. you wish to support)*

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Charge on the <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> day of the month Card No: _____ Expiration: _____ CVV Code: _____ <small>(CVV Code is the 3-digit number on the back near the signature block)</small> Name on card: _____ <small>I (We) understand this charge will continue until I (we) notify Children of Promise International to change or cancel the charge</small>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____ Signed: _____ Date: _____
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Send this form to: Children of Promise, 6844 Loop Rd., Centerville, OH 45459 ♦ Fax to (937) 438-4972 ♦ Email to Accounting@promise.org



Children of Promise International

**— Electronic Funds Transfer Authorization —**

I (We) authorize *Children of Promise International* to withdraw funds from my account in the amount of \$ \_\_\_\_\_

Begin withdrawals in the month of \_\_\_\_\_ and continue  Monthly  Quarterly  6 Months  Yearly  One-Time

For all commitments currently on record and \_\_\_\_\_  
*(List additional children, homes, missionaries, etc. you wish to support)*

Withdraw Funds from <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account On the <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> Other _____ day of the month. <small>I (We) understand that this withdrawal will continue until I (we) notify Children of Promise International to change or cancel the automated withdrawal.</small>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____ Signed: _____ Date: _____
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**WE MUST HAVE A VOIDED CHECK OR DEPOSIT SLIP TO WITHDRAW FUNDS!**

I (We) acknowledge the origination of ACH/EFT transactions from my (our) account must comply with the provisions of U.S. law

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