



## Hogar de Vida Costa Rica

Asociación Hogar de Vida para la Niñez  
Apartado 121-4013 Atenas, Costa Rica  
Telephones: 2446-6212 ó 2446-4800  
Fax: 2446-4181

# FINANCIAL SUPPORT

## One time gift:

Mail your tax deductible check, with Hogar de Vida, Costa Rica specified on the memo line to:

Children of Promise International  
6844 Loop Rd.  
Centerville, OH 45459-2159

*\*Please specify sponsorship for Stromstads or Hogar de Vida General Fund with your payment.*

## Monthly Support Payment Methods EFT or Credit Card



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 Hogar de Vida, Costa Rica:

*(List additional children, homes, missionaries, etc. you wish to support)*

Withdraw Funds from ☐ Checking or ☐ Savings Account

On the ☐ 5<sup>th</sup> ☐ 20<sup>th</sup> ☐ Other \_\_\_\_\_ day of the month.

*I (We) understand that this withdrawal will continue until I (we) notify Children of Promise International to change or cancel the automated withdrawal.*

**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*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form to: Children of Promise, 6844 Loop Rd., Centerville, OH 45459 ♦ Fax to (937) 438-4972 ♦ Email to [Accounting@promise.org](mailto:Accounting@promise.org)



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 Hogar de Vida, Costa Rica:

*(List additional children, homes, missionaries, etc. you wish to support)*

☐ Visa ☐ Mastercard ☐ Discover  
Charge on the ☐ 1<sup>st</sup> ☐ 25<sup>th</sup> day of the month

Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
(CVV Code is the 3-digit number on the back near the signature block)

Name on card: \_\_\_\_\_  
*I (We) understand this charge will continue until I (we) notify Children of Promise International to change or cancel the charge*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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