



INTERNATIONAL PROMISE FOUNDATION

SPONSORSHIP ENROLLMENT FORM

TODAY'S DATE: _____

SPONSOR

FIRST NAME

M.I. LAST NAME

CONTACT INFORMATION

ADDRESS

CITY

STATE

ZIP

HOME PHONE

(____) _____ - _____

SECONDARY PHONE

(____) _____ - _____

EMAIL

DATE OF BIRTH

RELIGIOUS ORIGIN

CHURCH (IF APPLICABLE)

OCCUPATION

HOW DID YOU HEAR ABOUT IPF?

FAMILY INFORMATION

FAMILY MEMBER

DATE OF BIRTH

RELATIONSHIP

FAMILY MEMBER

DATE OF BIRTH

RELATIONSHIP

FAMILY MEMBER

DATE OF BIRTH

RELATIONSHIP

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RELATIONSHIP

FAMILY MEMBER

DATE OF BIRTH

RELATIONSHIP



INTERNATIONAL PROMISE FOUNDATION

SPONSORSHIP INFORMATION

SINGLE CHILD SPONSORSHIP

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

MULTIPLE CHILD SPONSORSHIP

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

CHILD'S NAME	DATE OF BIRTH	BAN ID
_____	_____	____-____-____

GENERAL FUNDS DONATION

Purpose for General Fund Donation (if applicable):

- Building Upkeep (Kitchen, Dorms, School, Chapel, Medical Clinic)
- Sports Courts
- Grounds Maintenance (Security Fence, Generator, Landscaping)
- Medical Equipment
- Bunk Beds
- Computers
- School Supplies
- Joy Hostel
- Micro-Credit Program
- Other: _____



INTERNATIONAL PROMISE FOUNDATION

PAYMENT OPTIONS AND TERMS

WE ARE EXCITED TO OFFER AUTOMATIC PAYMENTS THROUGH OUR SECURED SOFTWARE SYSTEM, TUITION EXPRESS. IT IS NO LONGER NECESSARY FOR YOU TO WRITE A CHECK FOR YOUR MONTHLY OR YEARLY DONATIONS. YOUR BANK OR CREDIT CARD ACCOUNT WILL BE SAFELY AND SECURELY DEBITED BY TUITION EXPRESS. YOU CAN BE EMAILED A RECEIPT FOR EACH TRANSACTION. TUITION EXPRESS IS SAFE, SECURE, HANDS OFF, AND INSURES THAT ALL SPONSORED CHILDREN RECEIVE THEIR SPONSORSHIP FUNDS AS SOON AS POSSIBLE.

PLEASE COMPLETE YOUR PAYMENT METHOD (SELECT ONE):

CREDIT/DEBIT CARD (ADDITIONAL \$2.00 PROCESSING FEE APPLIES) OR CHECKING/SAVINGS (PLEASE INCLUDE A VOIDED CHECK)

CARD TYPE: _____ CID#: _____
CARD NUMBER: _____
EXPIRATION DATE: _____
NAME ON CARD: _____

BANK: _____
NAME ON ACCOUNT: _____
TRANSIT & ROUTE #: _____
ACCOUNT #: _____

PLEASE SELECT HOW YOU WOULD LIKE TO DONATE (SELECT ONE):

ANNUAL PAYMENT

\$480.00 DUE ON JANUARY 1 OF EACH YEAR

NOTE: THE CURRENT YEAR WILL BE PRORATED BASED ON \$40/MO. FROM THE MONTH YOU ENROLL UNTIL DECEMBER.

MONTHLY PAYMENTS

\$40.00 DUE ON THE FIRST BUSINESS DAY OF EACH MONTH.

PAYMENT TERMS: I HEREBY AUTHORIZE INTERNATIONAL PROMISE FOUNDATION TO DEBIT MY ACCOUNT INDICATED ABOVE. I UNDERSTAND THAT THE DEBIT WILL BE INITIATED ON THE DUE DATE SHOWN BELOW. I UNDERSTAND MY SPONSORSHIP WILL BE REGARDED AS CONTINUOUS UNTIL THE TIME THAT I DECIDE TO TERMINATE. I AGREE THAT IF FOR ANY REASON I WISH TO CHANGE THE STATUS OF MY SPONSORSHIP OR GENERAL DONATION AMOUNT I MUST GIVE INTERNATIONAL PROMISE FOUNDATION WRITTEN NOTICE 30 DAYS IN ADVANCE OF MY PAYMENT DATE. SHOULD MY BANK, FOR ANY REASON, NOT HONOR ANY DEBIT, I AM RESPONSIBLE FOR ANY FEES THAT MAY BE APPLIED BY MY BANKING INSTITUTION. I UNDERSTAND BY SELECTING TO PAY VIA MY CREDIT OR DEBIT CARD A \$2.00 PROCESSING FEE WILL APPLY EACH TIME FOR BANK SERVICE CHANGES TO HELP UNDERWRITTEN COSTS OF THIS FOUNDATION. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY INTERNATIONAL PROMISE FOUNDATION IN WRITING SHOULD I CHANGE FINANCIAL INSTITUTIONS, GET A NEW CREDIT CARD, AND/OR MAKE CHANGES TO MY ACCOUNT AT ANY TIME.

SIGNATURE: _____

DATE: _____



INTERNATIONAL PROMISE FOUNDATION

TERMS & CONDITIONS

- I HAVE RECEIVED A COPY OF THE SPONSORSHIP HANDBOOK AND HAVE READ ALL THE POLICIES AND PROCEDURES.
- IT IS MY INTENTION TO GIVE THE FOUNDATION 30 DAYS NOTICE IF I CHOOSE TO CHANGE MY DONATIONS SO THAT THE FOUNDATION AND NOTIFY THE RECIPIENTS FOR THE INTENDED CHANGE.
- I AM AWARE MY SPONSORSHIP AMOUNT IS SUBJECT TO INCREASE BASED ON YEARLY COST OF LIVING ANALYSIS THAT I WILL BE NOTIFIED OF 30 DAYS IN ADVANCE. I UNDERSTAND THAT AT THIS TIME I HAVE THE OPPORTUNITY TO AGREE TO SUCH INCREASE.
- I INTEND TO CONTRIBUTE \$_____ MONTHLY OR \$_____ ANNUALLY.
- I AGREE TO ADHERE TO THE BANK DRAFT POLICIES AS STATED IN PAYMENT OPTIONS AND TERMS.
- I AGREE TO ADHERE TO THE CHILD PROTECTION POLICIES AS THEY PERTAIN TO THE CONTACT I WILL HAVE WITH MY SPONSORED CHILD.
- I AGREE TO KEEP INTERNATIONAL PROMISE FOUNDATION UPDATED WITH MY CURRENT CONTACT INFORMATION, REQUIRED FORMS, AND PAYMENT INFORMATION.

NAME (PLEASE PRINT): _____

SIGNATURE: _____

DATE: _____