



SPONSORSHIP ENROLLMENT AGREEMENT

TODAY'S DATE: _____

SPONSOR INFORMATION

FIRST NAME

M.I.

LAST NAME

ADDRESS (INCLUDE CITY, STATE, ZIP)

PHONE

EMAIL

(_____) _____ - _____

CHURCH/RELIGION (IF APPLICABLE)

OCCUPATION

HOW DID YOU HEAR ABOUT IPF?

ADDITIONAL FAMILY MEMBERS INVOLVED IN SPONSORSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP



SPONSORSHIP INFORMATION

SINGLE CHILD SPONSORSHIP *\$40/MONTHLY OR \$480 ANNUALLY*

SPONSOR CHILDS NAME	DOB	IDENTIFICATION NUMBER
_____	_____	SCH-001-_____

MULTIPLE CHILD SPONSORSHIP

SPONSOR CHILDS NAME	DOB	IDENTIFICATION NUMBER
_____	_____	SCH-001-_____

SPONSOR CHILDS NAME	DOB	IDENTIFICATION NUMBER
_____	_____	SCH-001-_____

SPONSOR CHILDS NAME	DOB	IDENTIFICATION NUMBER
_____	_____	SCH-001-_____

RE-OCCURING GENERAL DONATION GIVING \$_____.

Purpose for general foundation donation:

- 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**

DONATION OPTIONS & TERMS OF AUTOMATED GIVING

If you would like to enjoy the convenience of automatic donations, simply complete the ACH or Credit/Debit section below and sign the form. All requested information is required. Upon approval, we will automatically bill your account for the amount indicated and your total donation will appear on your monthly credit card or checking statement. You may cancel this automatic donation authorization at any time by contacting us.

DONOR NAME:

DONOR PHONE NUMBER:

I AUTHORIZE INTERNATIONAL PROMISE FOUNDATION TO AUTOMATICALLY BILL THE CARD LISTED BELOW AS SPECIFIED:

AMOUNT \$ _____

FREQUENCY: _____ MONTHLY _____ ANNUALLY

END DONATIONS WHEN DONOR PROVIDES WRITTEN NOTICE.

ACH (CHECKING/SAVING ACCOUNT)

BANK INSTITUTION:

NAME ON ACCOUNT:

ROUTING NUMBER:

ACCOUNT NUMBER:

CREDIT/DEBIT CARD (ADDITIONAL \$2.00 PROCESSING FEE)

CREDIT CARD TYPE:

NAME ON ACCOUNT:

CARD NUMBER:

EXPIRATION DATE:

SIGNATURE

DATE

I WOULD LIKE TO SEND A CHECK VIA MAIL.

CHECKS CAN BE MADE PAYABLE TO IPF AND SENT TO PO BOX 97, BYRON CENTER, MI 49315.

Annual givers who choose this method will be sent a donation "invoice" in january of each year and may fulfill their giving at anytime through-out the year that is convient for them. We request those choosing this method on a monthly basis simply remember to send in sponsorship donations.



TERMS AND CONDITIONS OF CHILD SPONSORSHIP

- 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: _____

TODAY'S DATE: _____