

# My Investment in Homes of Life, Central America

## Option 1: Mail to: Children of Promise International

6844 loop Rd  
Centerville, OH 45459-2159

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

Please apply to one of the following:

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

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

Stromstad's support

Homes of Life Costa Rica

Homes of Life Guatemala

Amount: \_\$ \_\_\_\_\_

Please call. I have questions or thoughts to share.

Phone: \_\_\_\_\_

If you prefer to receive your newsletter via email, contact [info@homesoflife.org](mailto:info@homesoflife.org)

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## Option 2: Monthly Credit Card Donation



### — 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	Name: _____
Card No: _____	Address: _____
Expiration: _____ CVV Code: _____ <small>(CVV Code is the 3-digit number on the back near the signature block)</small>	City: _____ State: _____ Zip: _____
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>	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)

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## Option 3: Monthly Electronic Funds Transfer



### — 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: _____
<b>WE MUST HAVE A VOIDED CHECK OR DEPOSIT SLIP TO WITHDRAW FUNDS!</b>	Address: _____
<small>I (We) acknowledge the origination of ACH/EFT transactions from my (our) account must comply with the provisions of U.S. law</small>	City: _____ State: _____ Zip: _____
	Telephone: _____ Email: _____
	Signed: _____ Date: _____

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