

SUSTAINER GIVING FORM

God is working in amazing ways through Many Hands for Haiti. We remain steadfast in making God real for the people of Haiti through Youth Development, Ethical Feedings, Economic Development, Clean Water and Health Care. Reality for the Haitian people is survival; there is little confusion of "needs" and "wants". Your generous gift will provide basic needs and bring hope to the people.



P.O. Box 204
Pella, IA 50219
(641) 629-1243 • www.mh4h.org

When you participate, your donation will be transferred conveniently from your checking\savings account or credit\debit card directly to Many Hands for Haiti. You may increase, decrease, or suspend your gift any time through the online donation form at www.mh4h.org or by contacting Many Hands for Haiti by phone or mail. All donations provided to Many Hands for Haiti comply with U.S. Law. Many Hands for Haiti is a 501(c)(3) tax-exempt organization. All, or a portion, of your donation may be tax deductible. Please consult your tax advisor.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a Monthly Annual One-time donation
Donation Amount: \$1,500 \$420 \$360 \$240 \$100 \$35 \$ _____ Other Amount

Yes! I wish 100% of my donation amount to go to Many Hands for Haiti. I would like to pay the processing fee costs associated with my donation. (Please enter amount below)

Please add \$ _____ (3% for Credit\Debit Card donations or 1% Checking\Savings Account donations)

Total Donation Amount: \$ _____ (required)

Please process my donation on the 5th of the month OR 15th of the month OR 25th of the month

Please apply my donation to: (please select one)

Where Most Needed 180 for Haiti – School Sponsor PC School Sponsor Feeding Programs

Hurricane Matthew Harvesting Hope Thrive for 5 Sponsor Trip Expenses

If this is a trip payment, please indicate the name of the trip participant and month they are traveling to Haiti in the comments section below. As well, for any additional comments or questions related to this donation:

I plan to make this donation in the form of Checking Account OR Credit Card



Credit Card Number _____ Expiration Date ____ / ____

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking\savings account or credit\debit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.mh4h.org or by contacting Many Hands for Haiti by phone or mail. All donations provided to Many Hands for Haiti comply with U.S. Law.

Signature (Required) _____ Date _____

Please make a copy of this form for your records, or you may request a copy from Many Hands for Haiti.