

In a world of need, how do you choose what to support?

HIM administers two missions. Our International program, **Avance de Centroamerica**, has established relationships with communities in Central America. We align our work to the specific goals each has to become self-sustaining. Examples include post-hurricane reconstruction, essential medical services, orphanage relief, and technical skills training/basic educational needs within the community.

Locally, your generous donation supports our **Feeding Walker Kids** program whose mission is nurturing healthy growth and development in our community. We do this through partnership with local schools to provide weekend meals to over 350 children who qualify for free or reduced lunch.



Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a _____ Monthly Gift on the _____ 1st of the month **OR** _____ 15th of the month

_____ Quarterly Gift on the _____ 1st of the month **OR** _____ 15th of the month

_____ One-Time Gift

Please apply my gift to: *Hands in Mission* Operating Fund \$ _____

Feeding Walker Kids General Fund \$ _____

Avance de Centroamerica: General Fund \$ _____

Child Sponsorship (specify name in comments) \$ _____

Participant Support (specify name in comments) \$ _____

Project Materials Support \$ _____

Special Projects – specify name in comments \$ _____

_____ **Yes! I wish 100% of my donation amount to go to Hands in Mission. I would like to pay the 3% processing fee associated with my donation. (Please enter amount here) Please add (3%) \$ _____ to my donation.**

Total Donation Amount: \$ _____ *(required)*

Comments: _____

_____ **Enclosed is a voided check for my donation. Please transfer my gift from my checking account.**

OR

_____ **My credit card information is listed below for my donation. Please transfer my gift from my credit card.**

Credit Card Number _____ Expiration Date ____ / ____



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 at any time through the online donation form at www.handsinmission.org or by contacting Hands in Mission by phone or mail. All donations provided to Hands in Mission comply with U.S. laws and regulations.

Signature _____
(Required)

Date _____

Please make a copy of this form for your records or you can request a copy from
Hands in Mission

2230 Kinney NW • Grand Rapids, MI 49534 • (616) 735-0515 • www.handsinmission.org • info@handsinmission.org