

Monetary Donation by Mail or Fax Form



Esperanza de Ana
help.hope.healing.

Tax Deductible Amount _____

Amount: ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$200 ☐ Other \$ _____

☐ One-time donation Recurring: ☐ Monthly ☐ Quarterly ☐ Annually

Partner with a Program:

☐ EA ☐ FF ☐ KIDZ ☐ ES ☐ EM

Partner with a Project:

☐ Classroom ☐ Books & Uniforms ☐ Phase III

Team:

☐ Donation Dates of visit _____

Charitable Planning _____

- ☐ I would like information on naming Esperanza de Ana in my will.
- ☐ I have named Esperanza de Ana in my will.
- ☐ I would like to donate appreciated securities. Please contact me at the number below.
- ☐ A Matching Gift form from an employer is enclosed.
- ☐ I will pray for Esperanza de Ana.
- ☐ I am interested in a future trip to Esperanza de Ana.

Payment Information _____

- ☐ Check enclosed (make payable to Christian Children's Home of Ohio; write 'EA' on memo line)

Personal Information

Name: _____
Please print your name(s) exactly as you wish to be publicly acknowledged ☐ Please do not publish my name in your annual report

Address: _____

City: _____ State: _____ Zip: _____

Email (optional): _____ Phone: (_____) _____

Church, Business or Organization Name: _____

"If your donated funds exceed the chosen program or project, we will use the money where it is most needed. A receipt will be mailed to you"

Return this form by:

Fax: 330.345.4218

Mail: Christian Children's Home of Ohio ATTN. Development Dept. 2685 Armstrong Road, Wooster, OH 44691

Online: You may donate using Visa, MasterCard, AmEx or Discover at www.esperanzadeana.org/give

Questions? Please contact Jim Schutz at schutzj@esperanzadeana.org

Gracias!