



# Fostering Hope

a sensible approach to foster care **Florida**

*It takes more than hugs to keep them together*



Fostering Hope provides homes, called *Hope Houses*, for sibling groups in foster care. We are reaching out to you to join us in our mission to give stable, healthy, loving, homes to siblings in foster care.

Our *Hope Houses* are made possible through sponsorships. 100% of your donation goes directly to serve the children in our homes. With your help, foster children are given the opportunity to grow up with their brothers and sisters.

Sponsors receive child profiles, weekly email updates, and a chance to make a difference in child's life.



\_\_\_\_\_ I want to sponsor a *Hope House* for \$50 per month

\_\_\_\_\_ I want to sponsor \_\_\_\_\_ child(ren) for \$10 each per month

\_\_\_\_\_ I am making a one-time donation of \$\_\_\_\_\_ (check enclosed)

**Donate by Credit Card:**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID# \_\_\_\_\_

Authorization Signature \_\_\_\_\_

You can also fill out the enclosed form for monthly withdrawal, send a check, or donate via PayPal to [gloria@fosteringhopeflorida.com](mailto:gloria@fosteringhopeflorida.com)

Fostering Hope Florida, Inc. is a 501C3 not-for-profit corporation – Registration #CH21515  
A copy of the official registration and financial information may be obtained from the division of consumer services by calling 800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State.

# ACH Debit Authorization Form

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Company Name** Fostering Hope Florida (herein referred to as "Company")  
**Address** P.O. Box 1632  
**Company Tax ID Number** 141910661

I (we) hereby authorize company to initiate debit entries to my (our).

- Checking Account**  
 **Savings Account**

**Amount:** \_\_\_\_\_

**Date of Debit:** 1<sup>st</sup> day of month

**Recurring Debit:**  Yes  No

**Recurs Every:** Month

### Reason for Debit

Hope House Sponsorship

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to me (our) account must comply with the provisions of U.S. law.

<b>Bank Name</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Routing Number</b> _____ <b>Account Number</b> _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

<b>Depositor Name</b> _____
<b>Depositor Title</b> _____
<b>Depositor Signature</b> _____ <b>Date</b> _____

Attach a voided check for account and routing number verification purposes.