

BETHEL BAPTIST MISSION HAITI STUDENT SPONSORSHIP FORM

Date:						
Sponsor's Name:	<u>_</u>					
Sponsor's Name: First Name Street Address:						
State:	Zip:		Telephone	Number: ()		
Email:		Na	ame of church yo	u attend:		
	Haitian Stu	dent Name		Student Birthda	y Grade	
				/		
Please make chec Mail checks to:	cks payable to ' Mountain of P.O. Box 236 Eustace, TX 7	Hope '5124	lope" and write y	our " <u>Student's Name</u> " o	n the memo line.	
		-	sfer Authoriz	•		
	-	•	•	ccount according to the omply with United State		
Student Sponsors Please select and	•					
Starting on 15th for the amount o			amount of \$	and accordingly thereafter.		
Starting on _	Starting on 30th for the amount of \$			and accordingly thereafter.		
Bank account inf		ount Number		 Routing Numbe	r	
Account type:		Savings		noun, s rumae		
	ncellation by gi	ving written no	tice in enough ti	ne for the business and		
Print First and Last Name			 Signature		 Date	