



## Program Support

### Yes! I want to help the kids and MADI...

Thank you for your support of MADI's mission and vision to stop generational poverty by coming alongside the poorest of the poor in Uganda to change a life, change a family, change a community! It's due to generous donors like you that allow kids in Uganda to have hope! Hope that they can be the one to change the generational poverty and be able to provide for their future families as well as support their parents, siblings and even grandparents.

#### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Program Support Information

You can support one or more of MADI's programs:

- Change A Life – Education Program - \$45/mo
- Change A Life – Guardian Program - \$99/mo
- Hope House Program - \$150/mo or \$\_\_\_\_\_
- MADI's Hope, Love, Dream Program – Donation Amount: \$\_\_\_\_\_
- MADI's Fund the Hope House Complex Dream Program – Donation Amount: \$\_\_\_\_\_

Child Name: \_\_\_\_\_

Child Ref No: \_\_\_\_\_

## Payment Information

### By Check

Please make check payable to **Making A Difference International** and mail to:

**MADI**

PO Box 86, St. Michael MN 55376

### Monthly Debit from My Checking Account Plan

I authorize MADI Inc. and the financial institution on the enclosed completed check to charge my account \$\_\_\_\_\_. This authority will remain in effect until I give written notice to cancel it. I understand that all changes to this status may take a minimum of two weeks to be processed.

**(The completed check is for my first month of sponsorship. I understand that the monthly withdrawal date will begin the following month)**

Monthly Withdrawal Date:  5th  10th  15th  21<sup>st</sup>  Last Day of the Month

### Credit Card / Debit Card Plan

I authorize MADI Inc. to process payment through my credit card for the amount indicated below. This authority will remain in effect until I give written notice to cancel it. Amount per month: \$\_\_\_\_\_

**(Your card will be charge upon receipt. Automatic payments will begin in the following month on the monthly charged date)**

Monthly Charge Date:  5th  10th  15th  21<sup>st</sup>  Last Day of the Month

Charge my card one time only

## MADI Program Enrollment Authorization

Thank you for your support of MADI's mission and vision to stop generational poverty by coming alongside the poorest of the poor in Uganda to change a life, change a family, change a community!

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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This section to be removed and shredded upon successful entry into MADI payment system.

**Card Type:**  Visa  MasterCard  American Express  Discover

**Card #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Name as it appears on the card:** (please print) \_\_\_\_\_

**Exp/Date:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_