

Gabriel House of Mexico, Ensenada

A not-for-profit, Christ-centered residential home for profoundly handicapped children, extending hope and dignity to impoverished children.

I will support Gabriel House and pray for (child's name): _____

Monthly commitment:

- \$25
- \$35
- \$50
- Other _____
- One time gift: \$ _____

Name _____

Address _____

City, State Zip _____

Email _____

Payment Options:

- Make checks payable to **Healing & Hope International** (with *Gabriel House* written on the memo line) and mail to:
Healing & Hope International
Box 25097 - Mission Park P.O.
Kelowna B.C., Canada V1W 3Y7
Tel: (250) 868-1117
- Give securely online using Pay Pal at [Healing & Hope International](#) choose Giving and remember to change the designation to Gabriel House. Note: a 3% service charge is deducted.
- Set up monthly automatic withdrawal from your checking account (see back of card).

And the King will answer and say to them, Assuredly, I say to you, inasmuch as you did it to one of the least of these my Brethren, you did it to Me. Matt 25:40

Authorization for Automatic Withdrawal (attach void check)

I hereby authorize:

Name of Bank and Branch _____

Branch Address _____

City, State Zip _____

To debit the account noted above each month for:

- \$25
- \$35
- \$50
- Other \$ _____

Payable to Healing & Hope International and designated to Gabriel House.

Please make debit on the:

- 1st day of each month
- 15th day of each month

I understand this permission to charge my bank account is the same as if I had personally signed a check to Healing & Hope International. This agreement will remain in effect until I write to Healing & Hope International or to my bank instructing them to change or end this agreement, and they have had a reasonable amount of time to act; or Healing & Hope International or my bank sends me 15 days' written notice that they will end this agreement. It is understood that a record of my gifts will be included in my bank statement, and that Healing & Hope International will send me monthly income tax receipts.

Signature _____ Date _____