



**Feed a child - become a
Lunch Buddy**



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Lunch Buddy**

Can you imagine how it feels to not eat for days? To be so hungry that it hurts, and not knowing when the hunger will end?

For thousands of children in Haiti, hunger is a constant part of everyday life. Often, our school lunches are the only food they get, they are vital. When the children approach the schoolyard, many look for the smoke column that indicates that food is being cooked in the kitchen. If they see no smoke, they turn away to instead devote the day to finding food.

As a Lunch Buddy you make sure that smoke always rises from the chimney, that children in Haiti get fed, and children never have to scavenge for their next meal. When fed they will have the willpower and strength to concentrate on the education we give them.

As a Lunch Buddy, you provide them with the relief and hope that food can provide.

All this will be possible thanks to you.



star of hope

PO Box 427, Ellinwood Kansas 67526 - (866) 653-0321
usa@starofhope.us

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Yes to providing food. I (we) want to provide food and become a Lunch Buddy

This is an ACH and Credit Card Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Be Easier: It's convenient and will save you time and postage. Plus your payment is always on time so your gift has more impact at the projects.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking, savings account or credit card. You will be charged the amount indicated below at each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "Star of Hope ACH Debit - Sage."

Please complete the information below for all payments, **it needs to be exact:**

_____ (Print Full name)

authorize **Star of Hope** to charge my bank account indicated below on the 28th of each month for my **known gift** to Star of Hope or **new gift** amount: \$_____

Billing Address: _____

City, State, Zip: _____

Phone# _____

Email: _____

Account Type:

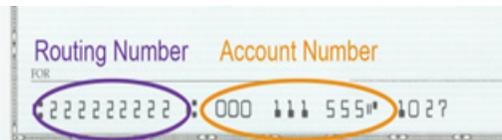
Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number: _____

Bank Routing # _____



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