

Yes, I want to sponsor a **SOHI** woman in Uganda

___ \$25 Auto Debit*

Enclosed is my one time gift of \$ ___ to help **SOHI** with ministry costs.

Enclosed is my monthly gift of \$ ___ to help **SOHI** with ministry costs.



Sisters of Hope
INTERNATIONAL.ORG

Name _____ Address _____

City/State/Zip _____ Phone _____

E-mail _____

For auto debit, I hereby authorize **Sisters of Hope International** to arrange automatic deductions from my bank account, on the 5th ____, 15th ____, or 25th ____, starting the month of _____
(Please enclose a voided check).

Signature

Date