Individual Client Sponsorship and General Donation Form

I/We wish to support the following named client:

☐ Client One ___________________________ ☐ Client Two ___________________________ ☐ General Sponsorship Pool

☐ Monthly ☐ Yearly ☐ Quarterly ☐ Bi-Weekly ☐ Weekly ☐ One Time Gift  Program/s __________________________

☐ Monthly ☐ Yearly ☐ Quarterly ☐ Bi-Weekly ☐ Weekly ☐ One Time Gift  Program/s __________________________

☐ Bigma’s Care Place (BMC)
(Two Meals, a Snack and Transportation provided by MHA)
☐ $10.00 Monthly ☐ $120.00 Yearly ☐ $30.00 Quarterly ☐ $60.00 Bi-Yearly

☐ Special Needs Day Program (SNDP)
☐ $50.00 Monthly ☐ $500.00 Yearly ☐ $125.00 Quarterly ☐ $25.00 Bi-Monthly ☐ $12.50 Weekly

☐ Connie Thrash McGoodwin Vocational Training Hub (CTM-Hub)
☐ $100.00 Monthly ☐ $1000.00 Yearly ☐ $250.00 Quarterly ☐ $125.00 Bi-Monthly ☐ $25.00 Weekly

Name: _____________________________________________________________

Address: ___________________________________________________________

City: __________ State: __________ Zip: __________ Phone: (_____) __________

Email: _____________________________________________________________

Method of payment 1: Mail

Enclosed is my check payable to My Heart's Appeal, Inc.: $ ____________________ ☐ Client Sponsorship ☐ General Operations

Please charge my: _____ Visa _____ MasterCard _____ Discover _____ American Express _____ Other ____________________

Your signature: _____________________________________________________ CSC#

Credit card number: ________________________________________________ Expiration date: ______________________

Name as it appears on credit card: ______________________________________

Please print and mail form & check to: My Heart’s Appeal, Inc. 5909 NW Expressway, Suite 224, Oklahoma City, Oklahoma 73132.

Method of payment 2: Electronic

Recurring donations for MHA Programs Sponsorship are the best way to give steady support.

Donors can contribute 100% directly through www.umcmission.org/give, Project 3022086 The Advance: United Methodist Mission (Global Health) My Heart’s Appeal for the Intellectual Disabled /and designate donation category; or through mobile phone app https://cash.app/$Myheartsappeal3 (443-474-8031/Lovetie Major) than Email: info@myheartsappeal.org your contact/address.