

Date: _____

Mr. Mrs. Miss Ms. (circle all that apply)

Name: _____
First Name(s) Last Name

Address: _____

City: _____

State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Child's Name: LUDLATI CAREPOINT

Child's Reference Number: N/A

Mailing Address:
Childrens HopeChest
Attn: Ludlati
PO Box 63842
Colorado Springs, CO 80962-3842



Please mail application form and check if applicable.

Questions: Please call Teresa Hansen 719-955-4008

Method of payment (check one): Credit Card EFT

If paying by Credit Card or EFT, please fill out the appropriate information below.

Credit Card Information (circle one): Visa / MasterCard

CC#: _____

Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Electronic Funds Transfer (EFT) Information:

Name of Bank: _____

Account #: _____

Routing #: _____

Name on checking account: _____

Day of monthly automatic withdrawal: _____

Amount: \$ _____

Circle one: **One Time Gift** or **Recurring**

If recurring, please indicate the frequency:

Monthly	Quarterly	Semi-Annually	Annually
(\$34)	(\$102)	(\$204)	(\$408)

For EFT: PLEASE INCLUDE INITIAL PAYMENT

- | |
|--|
| <input type="checkbox"/> Childrens HopeChest granted permission to share my contact information with KnownToMe Connect Community (default without check mark)
<input type="checkbox"/> Childrens HopeChest denied permission to share my contact information with KnownToMe Connect Community |
|--|