

**HOPE ACADEMY SUPPORT AGREEMENT
For School Year 2023 (Jan-Dec)**

Date: Revised December 1, 2022

Project: Hope Academy Support for one (1) Student
This price is for the entire school year (12 months) beginning in January.

Child's Name:

_____ **One Time Payment of \$2,400 (\$3,000 for university)**

_____ **Payment Plan: \$200 (\$250 for university) per month.** A monthly invoice will be sent if you choose monthly payments.

Supporter's Name: _____

Mailing Address: _____

E-mail: _____ **Phone:** _____

All payments must be received by the 31st of each month in order for us to meet the obligations of the program in the manner to which HFH agreed.

This Agreement is solely for the support of the child listed above to participate in the Hope Academy English, Spanish or University Program which includes: All expenses related to enrollment and schooling, uniforms, books and supplies, free medical care in the Hope Clinic, daily tutoring, use of computers and free internet. There are various end-of-year expenses that differ from grade to grade. You will be contacted if your child has special financial needs for these activities. You may decide at that time if you would like to help them in that area also, but these end-of-year expenses **are not obligatory** in this Agreement.

All donations will first be used for the Hope Academy Program and your designated student (s) within the guidelines set out by the Internal Revenue Service. The donations are distributed through the Honduran not-for-profit organization **Asociación Humanitaria Esperanza Para Honduras**, Colonia Nueva España, Centro de Vida y Esperanza, Calle Esperanza Para Honduras, Comayagüela, MDC, Honduras and, therefore, further fall under the laws and guidelines of the Honduran government. Payments will be made in good faith using a reasonable and objective formula which is consistently applied. An objective distribution criteria is used that takes into account all pertinent circumstances, including the amounts distributed, to avoid impermissible private benefit.

Contributions to domestic, tax-exempt charitable organizations, such as **Hope For Honduras, Inc.**, that provide assistance to individuals in foreign lands qualify as tax-deductible contributions for federal income tax purposes provided the U.S. organization has full control and discretion over the uses of such funds.

Donations over \$250 will be provided with a written acknowledgment (Contribution Statement) from **Hope For Honduras, Inc.** by January 31 of the following calendar year. As all donations are received by **Hope For Honduras, Inc.** in the United States, you as a **Donor** personally have no legal or implied obligation to the government of Honduras and the laws that affect **Asociación Humanitaria Esperanza Para Honduras.**

When all yearly expenses are met for this child, **Asociación Humanitaria Esperanza Para Honduras** may use any excess funds toward other needs of the child or family, other projects or operation costs of the organization.

Dissolution of Agreement: Hope For Honduras, Inc. must receive a written notice (e-mail is preferred) that you are unable to complete your commitment. That e-mail may be sent to contactus@hope4honduras.org.

If the child you support drops out or is expelled from the program, you will be notified and this Agreement is no longer in force.

We are sorry, but there are no refunds.

I have read and understand the above Agreement. I enter into this Agreement with **Hope For Honduras, Inc.** on this _____ day of _____, 20_____.

Donor's Signature

SHELLEY STEWART JONES, President
Hope For Honduras, Inc.

PLEASE PRINT AND SEND THIS AGREEMENT BY REGULAR MAIL OR EMAIL ONCE YOU HAVE SIGNED IT. THANK YOU.

**Hope for Honduras Inc
PO Box 11787
Spring, TX 77379
or
contactus@hope4honduras.org**

HOW TO PAY YOUR TUITION PAYMENTS

Revised December 1, 2022

- 1. Personal Check: HOPE FOR HONDURAS, INC.**
PO Box 11787
Spring, TX 77391-1787
- 2. HFH Website:**
Go to www.hope4honduras.org/giving
Select **amount**.
Select **monthly** or **one time**.
“**Suggested Payment Method**” – Donate via Bank Account
“**Other Payment Methods**” – Donate via Credit Card or PayPal
Please check box to cover payment processing fees.
Donate!
- 3. On-line Banking “Bill Pay”:**
Log into your **personal On-line Banking “Bill Pay”**.
Send payment to **Hope for Honduras, PO Box 11787, Spring, TX 77391**
Your bank will automatically send HFH a check each month for the amount you enter. **There should be no fees charged** to you or HFH.
- 4. Transfer via Zelle:**
With Zelle, you may transfer money directly to the **Hope For Honduras Inc** Bank of America account in the United States with our email address:
contactus@hope4honduras.org.
- 5. PayPal:**
Log into your **personal PayPal.com account**.
Click “**Send**”
To contactus@hope4honduras.org