

☐ Any child ☐	Girl 🗖 Boy	☐ Youth	□ Elder		
☐ I would like to contribute through my bank account or credit card (see reverse).					
☐ Enclosed is my first monthly contribution of \$40. (Please do not send cash. Make checks payable to Unbound.)					

Name ______Address ____

City______ State_____ Zip Code_____

Daytime phone (_____) _____ Email _____

Parish _____

I want to sponsor:

MAIL TO:

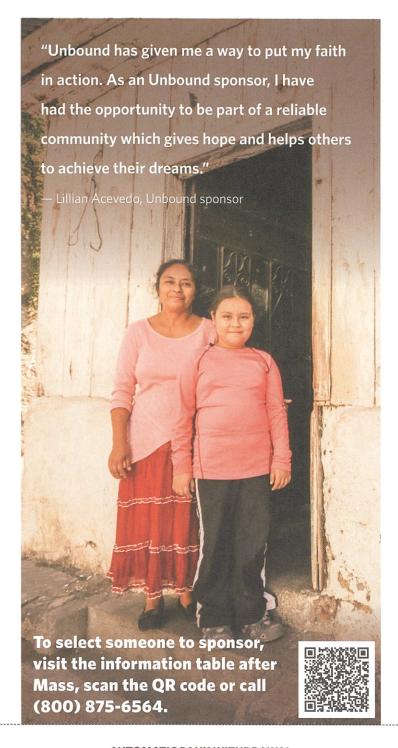
Unbound
P.O. Box 219114
Kansas City, MO 64121-9

Kansas City, MO 64121-9114

You can also sponsor online at **unbound.org** or call (800) 875-6564.







WHO WE ARE

Unbound is an international development organization founded by lay Catholics and grounded in the Gospel call to put the needs of the marginalized and vulnerable first. We build relationships of mutual respect that bridge cultural, economic and religious divides. We work side by side with people of diverse faith traditions in Latin America, Asia and Africa.

HOW WE WORK

We believe the surest path out of poverty is a self-directed one. Sponsored individuals and families use your support to work toward goals like education, dignified housing, better nutrition and developing livelihoods. Mothers lead the way in our programs through active participation in small groups. From accessing microloans to starting small businesses and forming their own credit cooperatives, mothers are creating paths to self-sufficiency for their families.

HIGHLY RATED STEWARDSHIP

Our commitment to excellent financial stewardship of the funds you entrust to us earns Unbound top ratings from independent charity evaluators like the BBB Wise Giving Alliance and others.











AUTOMATIC BANK WITHDRAWAL

I hereby authorize a direct debit from my checking account each month for payment to Unbound. (Please attach voided check.)

Routing #					_1;
Account #					
Amount \$	00				
Authorized Signat	ture			Date	

You may cancel this agreement anytime by contacting Unbound at (800) 875-6564. Please allow 2 business days to cancel.

CREDIT CARD AUTHORIZATION

I authorize Unbound to charge my credit card in the amount of:
\square \$40 Monthly \square \$120 Quarterly \square \$240 Semi-annually \square \$480 Annually
Card #
Expiration date/
Cardholder name

So that we may process and provide a receipt for your contribution, please complete the contact information section on the front of this form.



Signature_







Date