

## **CURRENT PROJECT**

Based on the basic needs of many orphans in Haiti, we feel obligate to assist as many as possible from **7 years old to 20 years old** in order to help them succeed through their education in which they can have a better life in the near future. We deeply appreciate our donors' collaboration and understandings in our fight against poverty around the world. Last year, our organization solely provided scholarships and school supplies to **300 students in needs** in *Carrefour Feuilles, and Jacmel, Haiti*. Our goal this year is to assist **1000** orphans' students in Haiti, and **250** Homeless people in the central of Florida. To accomplish such goal, we have planned to raise **\$24,000** yearly with a minimum donation of **\$3.00** a month. Due to the financial needs of everyone in this tough economy, we have made five affordable plans available to our donors by which everyone can easily make a selection from the following chart:

<u><b>PLAN-A</b></u>	<u><b>PLAN-B</b></u>	<u><b>PLAN-C</b></u>	<u><b>PLAN-D</b></u>	<u><b>PLAN-E</b></u>
<b>\$3.00/Month</b>	<b>\$5.00/Month</b>	<b>\$10.00/Month</b>	<b>\$20.00/Month</b>	<b>\$40 &amp; up/Month</b>
<b>\$36.00/Year</b>	<b>\$60.00/Year</b>	<b>\$120.00/Year</b>	<b>\$240.00/Year</b>	<b>\$480.00/Year</b>

Once again, thank you so much for your donation, and we sincerely appreciate your trust that you have placed in us to serve other in needs around the world.

### **Ways to make your Donations:**

- Online: [www.inoesa.org](http://www.inoesa.org)
- By Check or money order (Payable to **INOESA, Inc.**)
- In Person: Executive Members, or at the main office.

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***Florida Registration number:*** CH42418

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."



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**DONOR'S AGREEMENT FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPE CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE, Circle one of the following:

**1. DO YOU WANT TAX-DEDUCTION RECEIPT TO BE SENT TO YOU? YES / NO**

**IF YES, MAILING ADDRESS:** \_\_\_\_\_

**2. HOW DID YOU HEAR ABOUT INOESA, INC?** \_\_\_\_\_

**3. DO YOU HAVE ANY RELATIVES AT INOESA, INC? \_\_\_\_YES \_\_\_\_NO**

**IF YES, NAME** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**4. DO YOU WANT A YEARLY REPORT CARD FROM SUCH STUDENT(S)? YES / NO**

**I, \_\_\_\_\_, do agree to assist: 1, 2, 3, 4, 5 Orphan / STUDENT(s), and**

**A. I have selected PLAN: \_\_\_\_ for 1year / 2yrs / 3years /4yrs / 5years / until Graduated**

**(Plans: A: \$3.00/mo. B: \$5.00/mo. C: \$10.00/mo. D: \$20.00/mo. E: \$40.00/mo)**

**Mode of Donation:** \_\_\_\_ Credit/Debit CARD \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Money Order

**Card #:** \_\_\_\_\_ **Exp.** \_\_\_\_/\_\_\_\_ **Last 3 Digits:** \_\_\_\_\_

**Type:** \_\_\_\_ VISA \_\_\_\_ MASTER \_\_\_\_ AMERICAN EXPRESS \_\_\_\_ DISCOVER *OTHER* \_\_\_\_\_

**B. I just want to make ONE TIME Donation of \$ \_\_\_\_\_ for the YEAR / Yearly**

**DONOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICIAL USE ONLY**

**REVIEWED BY:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Observations:** \_\_\_\_\_