ES15723

Creating a childhood for orphans in rural Uganda

HOPE MULTIPURPOSE, INC.

AUTHORIZATION FORM

Sustaining Supporter

For automated donations to Hope Multipurpose, Inc.

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

Effective date of authorization: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change donation amount
- ❑ Change donation date
- ❑ Change banking information
- ❑ Discontinue electronic donation

Last Name	First Name	
Address		
City	State	Zip
Email Address	Phone number	

DATE OF FIRST DONATION:

1st day of _____, 20___

-OR-

15th day of _____, 20___

FREQUENCY OF DONATION:

- ❑ Monthly (12 times per year)
- ❑ Quarterly (4 times per year)
- ❑ Annually (once each year)

AMOUNT OF EACH DONATION:

$ _____

CHECKING / SAVINGS

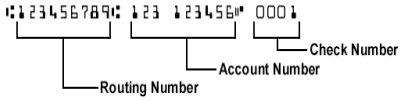
Please debit my donation from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

Questions? Call Karen Lilley, 651-644-3927 or email info@hopemultipurpose.org

Please complete and sign this form and mail it (with voided check if your donations will be from your checking account) to:

Hope Multipurpose, Inc.
2136 Carter Avenue
Saint Paul, MN 55108