

## **SUSTAINER GIVING FORM**

You can share in our commitment to break the destructive cycle of AIDS in South Africa. When you participate in structured giving, your donation will be transferred conveniently as designated below from your account directly to Restoring Hope International.

Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.



P.O. Box 372, Ankeny IA 50021  
(515) 963-6794  
[www.restoringhopeint.org](http://www.restoringhopeint.org)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to donate \$\_\_\_\_\_ to be transferred:

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_ One-time

Please process my donation on the \_\_\_\_\_ 1<sup>st</sup> of the month **OR** \_\_\_\_\_ 15<sup>th</sup> of the month **OR** \_\_\_\_\_ 25<sup>th</sup> of the month

I wish for my donation to be applied to:

_____ Operation - general fund		
_____ Sam Walters	_____ Klemcke Support	_____ Frankeas Support
_____ Niehoff Support	_____ Child Sponsor	_____ Capital Campaign
_____ RHV Children's Home	_____ Change for Change	_____ Visitors to RHV

I plan to make this donation in the form of \_\_\_\_\_ Checking Account \_\_\_\_\_ Credit Card

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



**Enclosed is a check for my first month's donation OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above and I may increase, decrease, or suspend my donation at any time by contacting Restoring Hope International at (515) 963-6794 or by mailing to P.O. Box 372, Ankeny, IA 50021. All donations provided to Restoring Hope International comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

### **KEEP THIS PORTION FOR YOUR RECORDS**

For your convenience, record your gift amount of \$\_\_\_\_\_ on the \_\_\_\_\_ 1<sup>st</sup> or \_\_\_\_\_ 15<sup>th</sup> or \_\_\_\_\_ 25<sup>th</sup> of the month.

You may increase, decrease, or suspend your gift at any time by contacting us by phone or mail. All gifts provided to Restoring Hope International comply with U.S. law.