



Donor Enrollment Form

For regular giving via direct debit or credit card, please fill out the form below and return it to HBB:
Hope Beyond Borders • PO Box 993 • Coatesville • PA • 19320

Name: ___Mr. ___Mrs. ___Miss ___Ms.

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

STEP ONE. I desire to support this HBB staff member _____

Gift Amount \$ _____ I'd like to make this an Anonymous Donation

STEP TWO. I desire to give:

Monthly Quarterly Semi-Annually Annually I want my transfer to begin: _____ / _____
Month Year

I desire for my direct debit or credit card gift to occur on the 5th or the 20th of each month.

STEP THREE. Giving method:

Direct Debit from checking account: Please include a voided check, or a check for your first gift, to provide HBB with your banking information.

Credit Card: Visa Master Card AMEX Discover
Card Number _____ Expiration Date _____ / _____
Month Year
Cardholder Name _____

STEP FOUR. By signing, I grant permission to transfer funds from my account, as specified above.

Signature: _____ Date: _____

All donations provided to Hope Beyond Borders comply with U.S. law.
If at any time you wish to increase, decrease, or suspend your monthly donation,
simply call HBB at 610-384-2575, or write to PO Box 993 Coatesville, PA 19320

Please make a copy of this form for your records, or you may request a copy from Hope Beyond Borders.