



SUSTAINER GIVING FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Monthly Donation Amount \$ _____

Please process my Monthly donation on the: ___1st ___5th ___10th ___15th ___20th ___25th of the month

Please apply my gift to:

\$_____ HOPE General

\$_____ Bill and Robin Puemer

\$_____ Frank Bray

\$_____ HOPE Ranch

\$_____ Cheryl LeClaire

\$_____ Jason and JuliAnn York

\$_____ Conference Fees

\$_____ Erik and Tammy Hall

\$_____ **TOTAL AMOUNT (Required)**

COMMENTS: _____

Please transfer my donation from my:

____ Checking Account *[Please attach a voided check]*

- OR -

____ Savings Account *[Please attach a deposit slip or contact HOPEvansville for an additional form]*

***If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.*

- OR -

____ Credit/Debit Card Account CC Number _____ Expiration Date ____/____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.hopevansville.org or by contacting HOPE - House of Prayer Evansville by phone or mail. All donations provided to HOPE - House of Prayer Evansville comply with U.S. Law.

Signature _____ Date _____
(Required)

Please make a copy to keep for your records, or you may request one from: