



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

I'd like to make a Donation Memorial Gift Honor Gift Anonymous Donation

In Memory/Honor of: _____

STEP ONE. I desire to donate to:

Gift Amount

_____ (Staff Member Name) \$ _____

General Donation Fund \$ _____

My Total Gift Amount

\$ _____

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 originating as ACH transactions 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.