

## **SUSTAINER GIVING FORM**

Nam	e(s)							
	ress							
City			State			Zip Code		
Telephone			Email					
Mon	thly Donation Amount \$_							
Pleas	se process my <u>Monthly dor</u>	nation on the:	1 <sup>st</sup>	_5 <sup>th</sup>	_10 <sup>th</sup>	15 <sup>th</sup>	20 <sup>th</sup>	25 <sup>th</sup> of the month
Pleas	se apply my gift to:							
\$	HOPE General	\$	Bill and	Robin Pue	mer			
\$	HOPE Ranch	\$	Erik and	Tammy H	all			
\$	Conference Fees \$ Jason and JuliAnn York							
CON	MMENTS:							
Pleas	se transfer my donation fro	om my:						
	Checking Account [Please	e attach a voided check	1					
	- OR-							
	Savings Account [Please atta **If using a deposit slip, please					-		
	- OR-							
	Credit/Debit Card Accou	nt <i>CC Number</i>	·				Expiration	Date/
suspe	erstand my future donations wi nd my gift at any time through e or mail. All donations provid	the online donation f	orm at www.h	opevansville	e.org or b	y contacting He		
Sign (Requi	nature						Date	

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