

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

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____ + _____

GIFT INFORMATION

I'd like to donate \$ _____ to be transferred:
 Monthly Quarterly Annually One-time

Please process my donation on the
 1st of the month
 15th of the month
 25th of the month

I wish for my donation to be applied to: Child Sponsor Operation - General Fund
 Capital Project Frankeas Support Niehoff Support
 Visitors to RHV Stolz Support Other

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**
***For One-Time Checking Account donations, please include a completed check with your donation form.*

My credit card information is listed below for gift. Please transfer my gift from my 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)