



65 Knight Island Rd. Earleville, MD 21919 • 410-275-9370 • www.ashleysorphans.com

E-GIVING FORM

You can share in our dedication to improving the life of Haitian children, specifically through partnering with existing organizations to help construct orphanages and schools. When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to Ashley's Orphans.

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.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

I'd like to make a donation of \$_____.

____ Monthly ____ Quarterly ____ Semi-Annual ____ Annual ____ One-time

Please process my donation on the ____ 1st, ____ 5th, ____ 15th, **OR** ____ 25th of the month.

Please apply my donation to: ____ Building Fund ____ Child Support



Credit Card Number _____ Expiration Date ____ / ____

Enclosed is a voided check 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. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.ashleysorphans.com or by contacting Ashley's Orphans by phone or mail. All donations provided to Ashley's Orphans originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____

(Required)

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your donation of \$_____.

____ Monthly ____ Quarterly ____ Semi-Annual ____ Annual ____ One-time

Process on the ____ 1st, ____ 5th, ____ 15th, **OR** ____ 25th of the month. Apply to: ____ Building Fund ____ Child Support

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