

Urban Missionaries of Our Lady of Hope

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SUSTAINER GIVING FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

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

In Memory/Honor of: _____

In the amount of _____ \$ 5.00 OR \$ _____ Other Amount (*minimum \$5.00*)

Please deduct my Monthly Gift on the: _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

Start Date (Optional): _____/_____/_____ (*mm/yyyy*)

Comments: _____

.....
Please transfer my donation from my:

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

- OR -

_____ Savings Account [*Please attach a deposit slip or contact Urban Missionaries of Our Lady of Hope for an additional form*]

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

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.urbanmissionaries.com or by contacting Urban Missionaries of Our Lady of Hope by phone or mail. All donations provided to Urban Missionaries of Our Lady of Hope originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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