



DONOR CARD

I would like to partner with Sharing Hope Ministry by providing financial support in helping women who are incarcerated or in rehabilitation facilities.

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

MONTHLY PLEDGE (*Charges to credit card or bank accounts will be made on the 20th of each month*):

- I will make a contribution of \$ _____ each month.
- Please draft my bank account for this amount each month.
- Please charge my debit/credit card for this amount each month.

ONE TIME GIFT:

Enclosed is my one-time contribution of \$ _____.

PLEASE USE MY GIFT FOR:

- Where needed Sharing Hope Ministry Patsy's Place Transitional Home

BANK DRAFT AUTHORIZATION

I authorize Sharing Hope Ministry to initiate debit entries to my checking account named below.
(*You may attach a cancelled check or deposit form in lieu of completing bank information, but your signature is required*)

Depository Name: _____ City: _____ State: _____

Transit/RTN No.: _____ Account No.: _____

Name (print): _____

Signed: _____ Date: _____

CREDIT CARD AUTHORIZATION

I authorize Sharing Hope Ministry to initiate charges to my credit/debit card named below.

Name as it appears on card: _____ Circle One
VISA/MC DISCOVER

Card No. _____ Exp.: _____

Signed: _____ Date: _____