



Sharing Hope Ministry, Inc.

P.O Box 19985 • Amarillo, TX 79114

DONOR CARD

I would like to partner with Sharing Hope Ministry in providing Bibles and study materials to female inmates.

Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

MONTHLY PLEDGE:

I will make a contribution of \$ _____ each month.

Draft my bank account each month for this amount.
(Please complete the bank draft authorization below.)

ONE TIME GIFT:

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

I would like my gift to go to 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 canceled check or deposit form in lieu of filling out the bank information requested below, but your signature is still required.)

Depository Name _____ City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority remains in full force and effect until Sharing Hope Ministry receives written notification from me of its termination in such time and in such manner as to afford Sharing Hope Ministry a reasonable opportunity to act on it.

Name (print) _____ Social Security Number _____

Date _____ Signed _____ Signed _____